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	PCT/US96/12067	19 July 1996 (19.07.96)	21 July 1995 (21.07.95)				
TITLE	OF INVENTION	15 (4.5)	21 341 1555 (21.07.55)				
		DIAGNOSIS OF DIABETIC NEPHROPATHY					
	CANT(S) FOR DO/EO/US	3-2) 4-23					
TSILIB.	ARY, Photini-Effie; CHARONIS, Aristidi	s, S.; SETTY, Suman; and MAUER, Michael					
Applica	nt herewith submits to the United States De	esignated/Elected Office (DO/EO/US) the follow	ing items and other information:				
1 V	This is a FIDST submission of its	coming a filing under 25 U.S.C. 271					
1. X 2. []	This is a FIRST submission of items con This is a SECOND or SUBSEQUENT s	submission of items concerning a filing under 35	USC 371				
3. []	This express request to begin national ex-	amination procedures (35 U.S.C. 371(f)) at any ti	me rather than delay				
	examination until the expiration of the ap	oplicable time limit set in 35 U.S.C. 371(b) and P	CT Articles 22 and 39(1).				
4 <u>.</u> []	A proper Demand for International Prelin	ninary Examination was made by the 19th month	from the earliest claimed priority date.				
5_ X	A copy of the International Application a	is filed (35 H.S.C. 371(c)(2))					
	A copy of the International Application as filed (35 U.S.C. 371(c)(2)) a. [] is transmitted herewith (required only if not transmitted by the International Bureau).						
	b. has been transmitted by the Inte		,				
l⊒i 4== rı	c. \(\square\) is not required, as the application was filed in the United States Receiving Office (RO/US) A translation of the International Application into English (35 U.S.C. 371(c)(2)).						
4 []	A translation of the international Applica	mon into English (35 U.S.C. 3/1(c)(2)).					
湮 [X	Amendments to the claims of the Internation	tional Application under PCT Article 19 (35 U.S.	C. 371(c)(3))				
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M	d. [X] have not been made and will no		OT expired.				
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担目	A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).						
[]	An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).						
10: []	A translation of the annexes to the International Preliminary Examination Report under PCT Article 36						
	(35 U.S.C. 371(c)(5)).						
items 1	1. to 16. below concern document(s) or i	nformation included:					
1. []	An Information Disclosure Statement und		1				
2. []	An assignment document for recording. A	A separate cover sheet in compliance with 37 CFI	R 3.28 and 3.31 is included.				
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[] . []	A FIRST preliminary amendment. A SECOND of SUBSEQUENT prelimin	any amendment					
LJ		anonument.					
14. []	A substitute specification.						
§5. []	A change of power of attorney and/or add	dress letter.					
16. []	Other items or information:						

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 a. X A check in the amount of \$1284.90 to cover the above fees is enclosed. b. [] Please charge my Deposit Account No in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed. 							
c. X The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 13-2725. A duplicate copy of this sheet is enclosed.							
NOTE: Where an app	ropriate time limit under (37 CFR 1.494 or 1.495 has	not been met, a		.		
1.137(a) or (b)) must be filed and granted to restore the application to pending status.							
			र्डा	GNATURE:	,		
SEND ALL CORRESPON	NDENCE TO:	Steven C. Bruess					
Denise M. Kettelherger MERCHANT, GOULD, S	MITH, EDELL, WELTER &	IAME					
3100 Norwest Center							
3100 Norwest Center			K	LOISTRATION NUMBER			
Minneapolis, Minnesota 5	5402						

Rec'd PCT/PTO 2 9 MAY 2001 09/000004

S/N 09/000,004 **PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: TSILIBARY, ET AL. Examiner: UNKNOWN

Serial No.:

09/000,004

Group Art Unit: UNKNOWN

Filed:

JANUARY 21, 1998

Docket No.: 600.314USWO

Title:

ANALYSIS OF ALPHA INTEGRINS FOR THE DIAGNOSIS OF DIABETIC

NEPHROPATHY

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited in the United States Postal Service, as first class mail, with sufficient postage, in an envelope addressed to: BOX PCT, Commissioner for Patents, Washington, D.C. 20231 on May 3, 2001.

PRELIMINARY AMENDMENT

BOX PCT Commissioner for Patents Washington, D.C. 20231

Dear Sir:

IN THE ABSTRACT

Please insert the attached Abstract into the specification of the application as the last page thereof.

IN THE SPECIFICATION

Page 1, after the title, please insert the following paragraph:

-- This application is a Nonprovisional of U.S. Provisional Application No. 60/001,387 filed on July 21, 1995; U.S. Provisional Application No. 60/001,861 filed on August 3, 1995; and U.S. Provisional Application No. 60/016,700 filed May 2, 1996.--

IN THE CLAIMS

Please cancel claim 1-30 and enter new claims 31-56.

31. (NEW) A method for identifying a mammal having or at risk for developing glomerulonephropathy comprising the steps of:

analyzing integrin subunit expression in a mammalian tissue sample known to contain cells expressing $\alpha 1$ and $\alpha 2$ integrin subunits and in a control tissue sample; and correlating a decreased level of $\alpha 1$ integrin subunit expression or an increased level of $\alpha 2$ integrin subunit expression in the sample tissue as compared with the control tissue with the presence of or risk of developing nephropathy.

32. (NEW) A method for identifying a mammal having or at risk for developing glomerulonephropathy comprising the steps of:

analyzing integrin subunit expression in a mammalian tissue sample known to contain cells expressing $\alpha 1$ and $\alpha 2$ integrin subunits and in a control tissue sample; and correlating a decreased level of $\alpha 1$ integrin subunit expression and an increased level of $\alpha 2$ integrin subunit expression in the sample tissue as compared with the control tissue with the presence of or risk of developing nephropathy.

- 33. (NEW) The method of claim 31, wherein the mammal is a human.
- 34. (NEW) The method of claim 31, wherein the tissue sample is a kidney biopsy, a skin biopsy, or blood.
- 35. (NEW) The method of claim 31, wherein said analyzing comprises *in situ* hybridization.
- 36. (NEW) The method of claim 35, wherein said *in situ* hybridization comprises PCR enhanced *in situ* hybridization.
- 37. (NEW) The method of claim 31, wherein said analyzing comprises isolating RNA from the sample.

- 38. (NEW) The method of claim 31, wherein said analyzing comprises PCR amplification of alpha integrin subunits, and comparison of the relative amounts of $\alpha 1$ and $\alpha 2$ integrin subunits amplified in the sample and in the control.
- 39. (NEW) The method of claim 38, wherein the integrin subunits are analyzed with a nucleic acid probe comprising 15 or more consecutive nucleotides of α 1 integrin nucleotides 1-3900 (SEQ ID NO: 1).
- 40. (NEW) The method of claim 38, wherein the integrin subunits are analyzed with a nucleic acid probe comprising 15 or more consecutive nucleotides of α 2 integrin nucleotides 1-1800 (SEQ ID NO: 3).
- 41. (NEW) The method of claim 39, wherein said nucleic acid probe comprises 15 or more consecutive nucleotides of $\alpha 1$ integrin nucleotides 267-645, 1530-1990 or 2278-2728 (SEQ ID NO: 1).
- 42. (NEW) The method of claim 40, wherein said nucleic acid probe comprises 15 or more consecutive nucleotides of $\alpha 2$ integrin nucleotides 320-800, 452-893, or 1607-1732 (SEQ ID NO: 3).
- 43. (NEW) The method of claim 31, wherein said analyzing comprises incubating the sample with an anti-integrin subunit antibody.
- 44. (NEW) The method of claim 31, wherein the control sample is from a mammal having no history of hypertension.
- 45. (NEW) The method of claim 31, wherein an increase of about 25% 100% in the level of $\alpha 2$ integrin subunit expression in the sample tissue as compared with the control is correlated with nephropathy.

- 46. (NEW) The method of claim 31, wherein a decrease of about 25% 100% in the level of α 1 integrin subunit expression in the sample tissue as compared with the control is correlated with nephropathy.
- 47. (NEW) A method for identifying a mammal having diabetes who has or is at risk for developing secondary pathological changes associated with diabetes comprising the steps of: analyzing integrin subunit expression in a mammalian tissue sample known to contain cells expressing α1 and α2 integrin subunits and in a control tissue sample; and correlating a decreased level of α1 integrin subunit expression and/or an increased level of α2 integrin subunit expression in the sample tissue as compared with the control tissue with the presence of or risk of developing secondary pathological changes associated with diabetes.
- 48. (NEW) A kit for the diagnosis of nephropathy comprising: a set of hybridization probes or antibodies capable of detecting each of α1 and α2 integrin subunit expression in a tissue sample.
- 49. (NEW) The kit of claim 48, further comprising nucleic acid primer pairs for amplification of $\alpha 1$ and $\alpha 2$ integrin subunits.
- 50. (NEW) The kit of claim 48, comprising one or more of the following primers for amplification of α 1: Sequence ID Nos. 5, 6, 7, 11, 12, and 13.
- 51. (NEW) The kit of claim 48, comprising one or more of the following primers for amplification of α 2: comprise Sequence ID Nos. 8, 9, 10, 14, 15, and 16.
- 52. (NEW) The kit of claim 48, further comprising $\alpha 1$ and $\alpha 2$ integrin subunit standards.
- 53. (NEW) The kit of claim 48, wherein said hybridization probe comprises 15 or more consecutive nucleotides of $\alpha 1$ integrin nucleotides 1-3900 (SEQ ID NO: 1).

- 54. (NEW) The kit of claim 48, wherein said hybridization probe comprises 15 or more consecutive nucleotides of α 2 integrin nucleotides 1-1800 (SEQ ID NO: 3).
- 55. (NEW) The kit of claim 53, wherein said hybridization probe comprises 15 or more consecutive $\alpha 1$ integrin nucleotides 267-645, 1530-1990, or 2278-2728 (SEQ ID NO: 1).
- 56. (NEW) The kit of claim 54, wherein said hybridization probe comprises 15 or more consecutive $\alpha 2$ integrin nucleotides 320-800, 452-893, or 1607-1732 (SEQ ID NO: 3).

REMARKS

Claims 1-30 have been canceled, and new claims 31-56 have been added. A statement to this effect is reiterated on a separate page under the heading of "Marked Up Claims." New claims 31-56 better conform to the format used in U.S. practice. No new matter has been added.

A new Abstract, conforming with that appearing on the publication page of the WIPO application, has been submitted on a separate page as required.

Respectfully submitted,

MERCHANT & GOULD P.C. P.O. Box 2903 Minneapolis, Minnesota 55402-0903 (612) 332-5300

Date: May 23, 200/

Denise M. Kettelberger, Ph.D.

Reg. No. 33,924 DMK:KC:PSTpmc Serial No.: 09/000,004

MARKED UP SPECIFICATION AND CLAIMS

In the specification:

Page 1, after the title, the following paragraph was inserted:

--This application is a Nonprovisional of U.S. Provisional Application No. 60/001,387 filed on July 21, 1995; U.S. Provisional Application No. 60/001,861 filed on August 3, 1995; and U.S. Provisional Application No. 60/016,700 filed May 2, 1996.--

In the claims:

Claims 1-30 have been cancelled.

Claims 31-56 have been added.

ABSTRACT

Analysis of alterations in integrin subunit expression, particularly $\alpha 1$ and/or $\alpha 2$ integrin subunit expression from integrin producing cells as compared to normal controls as a diagnostic method to identify individuals who have or are predisposed to pathologies associated with altered matrix deposition, such as diabetic renal nephropathy.



PTO/PCT Rec'd 21 JAN 1998 09/000004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Tsilibary, Photini-Effie, et al.

Serial No: PCT/USUnknown (based on

Int'l Filing Date: Concurrently Herewith

PCT/US96/12067)

Docket No.: 600.314USWO

Due Date: January 21, 1998

Title: ANALYSIS OF ALPHA INTEGRINS FOR THE DIAGNOSIS OF DIABETIC NEPHROPHATHY

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: EM045419937US

Date of Deposit: January 21, 1998

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for

Patents, Washington, D.C. 20231.

Name: William Smith

Assistant Commissioner for Patents

Attn: BOX PCT

Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

Transmittal sheet in duplicate containing Certificate under 37 CFR 1.10.

A check in the amount of \$ 1372.00 to cover filing fee.

☐ A return postcard.

☑ Other: PTO-1390 (2 pages)

Please charge any additional required fees or credit overpayment to Deposit Account No. 13-2725 A

duplicate copy of this sheet is enclosed.

MERCHANT, GOULD, SMITH, EDELL, WELTER & SCHMIDT

3100 Norwest Center, Minneapolis, MN 55402 (612/332-5300)

Name: Steven C. Bruess

Reg. No.: 34,130 Initials: SCB/IPD/KMC/mls

ANALYSIS OF ALPHA INTEGRINS FOR THE DIAGNOSIS OF DIABETIC NEPHROPATHY

Background of the Invention

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Diabetic nephropathy is a major cause of renal failure in the U.S. and develops in approximately 30% of insulin dependent diabetes mellitus (IDDM) patients. Recent studies by the Diabetes Control and Complications Trial Group have indicated that intensive insulin treatment substantially reduces the risk of developing complications, including nephropathy. However, the cost and effort of the intensive therapy, as well as the danger of hypoglycemic attacks dictate that this treatment should be limited to those patients who are prone to develop complications. It follows that an early selection of these diabetic subjects would be extremely helpful, but currently there are no adequate predictors available for clinical use.

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Metabolic imbalance caused by hyperglycemia has been implicated as a major factor in the development of this condition and is associated with a genetic tendency to develop nephropathy. A prominent expansion of the mesangium with changes in the composition of the mesangial matrix have been observed in diabetic nephropathy (Williamson et al., *Diabetes Met. Rev.* 4:339 (1988), Steffes, M.W., et al. *Diabetes* 38:1077-81 (1989)).

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Studies performed with human and experimental animal mesangial cells cultured in high-glucose medium have demonstrated an increased synthesis and accumulation of matrix proteins, namely collagens, including collagen type IV and fibronectin. This suggests that hyperglycemia plays a role in the mesangial changes of diabetic nephropathy. Ayo, S.H., et al. (1990a), *Am. J. Pathol.* 136:1339-1348; Nahman, N.S., et al., *Kidney Int.* 41:396-402 (1992); Danne, T., et al., *Diabetes* 42:170-177 (1993). The changes in the matrix secretion pattern of the cell are mediated either directly by hyperglycemia or by the glycation of mesangial matrix on prolonged exposure to high levels of glucose. Studies have demonstrated that cultured mesangial cells are influenced by the glycation of matrix leading to altered cell adhesion, spreading and proliferation. Since collagen IV (cIV) is the major component of the mesangial matrix (about 60%), changes in the interactions between this major mesangial glycoprotein and mesangial cells may play an important role in the pathology of diabetic nephropathy. Kim, Y., et al., *Am. J. Pathol.* 138:413-420 (1991). The changes in matrix deposition

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are secondary in time to insulin insufficiency. Altered matrix deposition including basement membrane thickening is also found in a variety of arterioles and arteries in patients with diabetes mellitus. Altered matrix deposition is found in the pancreas of diabetic patients. Altered matrix deposition puts diabetic patients at risk for developing secondary pathological changes including, but not limited to nephropathy, myocardial infarction, cerebral stroke, problems associated with reduced circulation, retinopathy, neuropathies and the like.

Cell-matrix interactions are mediated, for the most part, by a family of receptors known as integrins. The very late antigen (VLA) subgroup of integrins which share a common β1 chain, include the cell membrane receptors for cIV, α1β1 and α2β1. Although integrins are mainly studied for their role in cell differentiation, migration and signaling events, they may also be involved in the maintenance of tissue structure. For instance, cells can modify their matrix by altering the production of matrix proteins and/or by regulating matrix organization. Cells cultured under high glucose conditions resulted in an increased production of matrix components by mesangial cells. (Kashgarian, M., et al., *Kidney Int.* 41:524-529 (1992).) The balance of cell surface integrin expression has been demonstrated to be altered in various disease states including inflammation and malignancy (Waes and Carey, *Otolarnyngologic Clinics of North America* 25(5):1117 (1992); Adams, J.C., et al., *Cell* 63:425-435 (1990); Rozzo et al., *FEBS Letters* 332:263 (1993)). This altered expression has been associated with altered adhesion to extracellular components.

Presently, the only earliest available indicator of kidney changes is microalbuminuria which occurs after the appearance of nephropathic changes. Yet only a percentage of individuals with microalbuminuria go on to develop glomerulopathy. Individuals at risk for developing glomerulopathy are best treated with intense glucose-modulating therapies that have their own risk. Often physicians are hesitant to place individuals with microalbuminuria on such therapies since the majority of these patients do not proceed to glomerulopathy. Biopsies indicating the accumulation of matrix accompanying the expansion of the mesangium occur at a point when the process has become irreversible. Therefore an early predictor of nephropathy or other disease states associated with altered matrix deposition would be beneficial as an indicator of those

patients who require stringent control of blood glucose levels to minimize nephropathic and other altered matrix deposition-associated disorders.

Thus, there is a need to identify markers associated with the changes seen in nephropathy and in other altered matrix deposition-associated disorders for the diagnosis of these disorders. There is a need to identify changes in regulation and function of integrins in diabetic patients and there is a need to develop a diagnostic test that can be used to identify patients who are likely to develop or have the early symptoms of nephropathy.

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Summary of the Invention

Alterations in the amounts and patterns of alpha-integrin subunits has now been correlated to the onset of nephropathy. Analysis of alpha integrin subunit expression as compared with controls provides a diagnostic tool for the determination of patients likely to develop severe nephropathy and a method to monitor progress of disease during treatment protocols.

Cells that express alpha integrins, such as kidney tissue, fibroblasts, endothelial cells, and blood cells are analyzed for alpha integrin subunit expression, for example, by *in situ* hybridization methods. Changes in the amounts and pattern of integrin subunit expression as compared with control samples, is diagnostic of nephropathy and can be used to screen individuals, e.g., diabetic patients at risk for developing severe disease.

Analysis of $\alpha 1$, $\alpha 2$, $\alpha 3$, $\alpha 5$, and beta-1 integrin subunit expression as compared with control tissue expression is preferred. An increase in $\alpha 2$, $\alpha 3$, $\alpha 5$, or beta-1 integrin expression and/or a decrease in $\alpha 1$ expression is diagnostic of increased risk of nephropathy. An especially preferred diagnostic method is the comparison of $\alpha 1$ and $\alpha 2$ integrin subunit expression with control tissue. A pattern change including a decrease in $\alpha 1$ and an increase in $\alpha 2$ is diagnostic of increased risk of nephropathy or onset of the disease.

Brief Description of the Drawings

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Figure 1 is a histogram summarizing results of *In situ* hybridization studies of rat control and diabetic tissue with $\alpha 1$ and $\alpha 2$ integrin probes.

Detailed Description of the Invention

Analysis of changes in the pattern of integrin subunit expression, particularly of alpha integrin subunits, is made by comparing expression in sample tissues as compared with tissue controls.

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Tissue Samples:

The invention is directed to methods of detecting changes in α integrin subunit expression in cells, such as the cell populations (visceral epithelial, endothelial and mesangial and other matrix-producing cells) present in the glomerulus; and also in the tubules as well as including, but not limited to, fibroblasts (for example see D. Kyu Jin, et al. in *J. Am. Society of Nephrology*, 5(3): 966, 1994), epithelial, and endothelial cells from a variety of tissues and organs as well as blood cells including, but not limited to polymorphonuclear leukocytes, monocytes, and the like. Changes to blood cells, including leukocytes, have been reported in diabetic patients who develop nephropathy (Ng, et al. *Diabetologia* 33:278-284, 1990).

A change in the expression of $\alpha 1$ and $\alpha 2$ integrins has been detected in the studies disclosed here, under conditions of high glucose (i.e., about 25 mM) compared with low glucose (i.e., about 5 mM), in diabetic test animals *in vitro*, and in a human diabetic patient with neuropathy. Mesangial cells cultured in high glucose showed an increase in $\alpha 2$ integrin expression and a decrease in $\alpha 1$ integrin expression compared with mesangial cells grown under low glucose conditions. A change in expression of α integrins such as $\alpha 1$ and/or $\alpha 2$ subunits can be used to identify patients that have or will develop diabetic nephropathy. In view of these studies, it is believed that patients showing about a 25 to 100% decrease in $\alpha 1$ integrin and/or about a 25 to 100% increase in $\alpha 2$ integrin expression have a greater chance of developing diabetic nephropathy. The methods disclosed here are useful to identify diabetic patients at risk for developing diabetic nephropathy. Patients identified as having a risk for developing or showing early symptoms of diabetic nephropathy can be placed on a strict glucose control regimen so that the development and/or progression of nephropathy can be inhibited.

Changes in integrin subunit expression in diabetic patients have been identified in cultured human skin fibroblasts taken from skin biopsies (D. Kyu Jin, et al., *J. Am.*

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Soc. of Nephrology 5(3):966, 1994) suggesting that a variety of integrin-expressing cells could be monitored to identify individuals with a predisposition to nephropathy or to other complications associated with diabetes-induced altered matrix deposition.

Methods of Detecting a Change in Expression of α1 and/or α2 Integrin Subunits in Cells from Diabetic Patients

The methods of the invention are conducted with cell types that express alpha (α) integrin subunits. Preferably, to identify patients predisposed to nephropathy, the cells are obtained from tissue samples from biopsy of kidney tissue of diabetic patients. However, other cell types that express α integrin subunits can be utilized including, but not limited to, fibroblasts, endothelial cells, polymorphonuclear leukocytes, monocytes, and other blood cells. The amount of cells typically obtained is relatively small so that the detection methods selected are those that can detect and/or quantitate α integrin subunit expression in a small cell sample. These methods include, but are not limited to in situ hybridization, including polymerase chain reaction (PCR) enhanced in situ hybridization (also known as in situ PCR) and the like.

The cell samples are obtained from patients having diabetes but having no demonstrable symptoms or signs of nephropathy. The earliest change in nephropathy is the detection of microalbuminuria. Biopsy specimens may also be obtained from diabetic patients that may have early symptoms of nephropathy so that the progression of diabetic nephropathy can be monitored. Blood samples and skin biopsies also can be obtained from patients with diabetes and processed for either *in situ* hybridization or PCR enhanced *in situ* hybridization (also known as *in situ* PCR). Similarly, it is possible to perform *in situ* hybridization or PCR enhanced *in situ* hybridization using a cheek scraping or a scraping of other accessible tissue.

Biopsy tissue samples are usually about 1mm^3 and are obtained using standard biopsy methods. Where the kidney is the organ selected for biopsy, kidney tissue from the cortical region is preferred although biopsy samples can be obtained elsewhere. Fibroblasts can be obtained from skin or any other tissue. The biopsy samples are then frozen in liquid nitrogen or fixed in 4% fresh paraformaldehyde and sectioned into 5 μ m thick sections on silane-coated slides. The sections can then be treated with reagents to detect and/or quantitate α integrin expression in cells.

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Blood cells and other α integrin expressing cells can also be analyzed for changes in α integrin subunit expression. These cells include fibroblasts, monocytes, polymorphonuclear leukocytes and other blood cells. Cells can be obtained and isolated from a blood or bone marrow sample. Methods for isolating particular cell types from a blood sample are well known in the art. Preferably leukocytes are isolated from blood by centrifugation, followed by hypotonic shock of residual blood cells as disclosed by Ng, et al. *Diabetologia* 33:278-284, 1990.

Rather than preparing cell sections, the sample of cells can be extracted to obtain nucleic acids using standard methods. The nucleic acids encoding $\alpha 1$ and/or $\alpha 2$ integrin subunits can be amplified using any of a variety of polymerase chain reaction methods. For example, changes in the level of expression of $\alpha 1$ and/or $\alpha 2$ integrins can be detected using a competitive PCR method as described by Gilland, G., *Proc. Natl. Acad. Sci. (USA)* 87:2725 (1990).

In a method of the invention, the level of $\alpha 1$ integrin expression is detected and/or quantitated in cells such as glomerular and tubular kidney cells. The level of $\alpha 1$ integrin expression can be detected using a variety of standard methods. The preferred methods are *in situ* hybridization, *in situ* PCR for detection of integrin RNA and immunofluorescence detection of antibody-tagged integrin protein. A decrease of about 25 to 100% in $\alpha 1$ integrin expression can indicate that early changes of diabetic nephropathy are occurring and can be used to identify patients that have an increased risk of developing diabetic nephropathy. A decrease in $\alpha 1$ integrin expression is compared to the level of $\alpha 1$ integrin expression in cells from age matched non-diabetic controls.

For detection and quantitation using *in situ* hybridization, the following method is preferred: a detectably labeled probe that is complementary to and/or hybridizes to all or a portion of nucleic acid sequences encoding all or a portion of α1 integrin subunit is utilized. A radioactively labeled probe preferably has a specific activity of about 2x10⁸ to 1x10⁹ dpm/μg. *In situ* hybridization on cells such as kidney tissue can be conducted as follows. 5μm tissue sections, fibroblasts and/or blood cells on silane-coated slides are further fixed in fresh 4% paraformaldehyde for 10 min. The slides are then pretreated with 0.2N HCl for 20 min., 0.05 M Triethanolamine (TEA, Sigma) for 15 min, 0.005% digitonin for 5 min., 3 μg/ml proteinase K (Sigma) for 15 min. at 37°C,

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and 0.3% acetic anhydride - 0.1M TEA for 10 min. Hybridization is performed at 50°C overnight in 50% formamide, 0.6 M NaCl, 1xDenhardt's, 0.17 μg/ml human COT^{RT} DNA (GIBCO/BRL), 1 mg/ml poly A (Boehringer Mannheim), 10% (W/V) Dextran sulfate (Sigma), 0.1 M dithiothreitol (DTT, Boehringer Mannheim), 1 mM EDTA, 0.1 mM aurinitricarboxylic acid (ATA, Sigma) and S³⁵-dCTP labeled cDNA probe. The following day, the slides are washed in 2x SCC-0.05% SDS for 60 min. at 55°C; further washed in the high stringency washing buffer containing 50% formamide, 0.6 M NaCl, 1 mM EDTA, 5 mM DTT and 10 mM Hepes for 4 days at room temperature. After 4 days, the slides are rinsed in 2x SCC and the slides are dehydrated in graded ethanol with 0.3 M ammonium acetate, then dipped in Kodak NTB-2 emulsion and exposed for 5 days at 4°C. After development, the slides are stained with hematoxylin-eosin (Surgipath Canada, Inc., Winnipeg, Canada) and mounted. The silver grain number per cell are used to quantitate the result of *in situ* hybridization. About 10-20 glomeruli and a similar number of tubules are examined per patient.

A probe of the invention hybridizes to and is complementary to and/or all or a portion of a nucleic acid sequence encoding $\alpha 1$ integrin as long as the probe specifically detects $\alpha 1$ integrin expression. Probes can be designed using a known sequence such as the rat $\alpha 1$ integrin sequence as shown as Figure 2 in Takada and Hemnlev, *J. Cell Biol.* 109:397-407 (1983) or by the use of commercially available programs and are capable of binding to rodent or human $\alpha 1$ integrin but are not capable of binding to other proteins including other proteins having regions homologous to α integrins when tested under identical hybridization conditions. Examples of other proteins that have homologous regions to α integrins include those proteins identified using a gene bank search, such as GenBank, or the like, or in publications related to $\alpha 1$ and $\alpha 2$ subunits (for example, see Ignatius, et al. *J. Cell Biol.* 111:709-720, 1990 listing proteins with homologies to the $\alpha 1$ -subunit).

The probe can be about 15 nucleotides long up to a full length probe of about 4kb. The probes are preferably 100% complementary to the nucleic acid encoding $\alpha 1$ integrin however some mismatches can be present depending on the length of the probe. About 1 to 3 mismatches in a probe of about 20 to 30 nucleotides long can be present as long as hybridization conditions are adjusted to account for mismatches. Hybridization conditions can be adjusted to take into account mismatches in accord with known

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principles as described in Sambrook et al., <u>A Guide to Molecular Cloning</u>, Cold Spring Harbor NY (1989).

A specific example of a nucleic acid sequence encoding $\alpha 1$ integrin is the rat $\alpha 1$ integrin sequence shown as Figure 2 in Ignatius et al., *J. Cell. Biol.* 111:709-720, 1990, (SEQ ID NO:1) and the protein sequence encoded by $\alpha 1$ integrin is provided as SEQ ID NO:2. A DNA sequence encoding $\alpha 1$ integrin can be obtained from a rat pheochromocytoma cell line PC12 as described by Ignatius et al., *J. Cell. Biol.* 111:709 (1990). Briefly, a cDNA library can be prepared from rat pheochromocytoma PC12 in a lambda vector. The sequence can be identified and/or amplified using probes or primers designed from the known sequences using standard methods as described in Sambrook et al., (*supra*). Once the sequence is subcloned it can be confirmed by sequence analysis and/or by screening with antibodies specific for $\alpha 1$ integrin. Other DNA sequences encoding $\alpha 1$ integrins can be identified and isolated using probes and primers derived from the known sequences.

A preferred probe is a 3.9 kb fragment from the 5' end through the EcoR1 site near base 3900 including the sequence as shown in Figure 2 of Ignatius et al. (*supra*). Smaller fragments that can form probes can readily be prepared with restriction enzymes or derived by automated or manual oligonucleotide synthesis techniques, by PCR, or by other methods also known in the art. The probes are preferably detectably labeled with a radioactive nucleotide using standard methods.

Other methods utilizing probes for detection of $\alpha 1$ integrin expression can also be utilized using standard methods such as Northern Blot Analysis and the like as described in Sambrook et al., cited *supra*.

Primers can also be designed based upon the sequence of rat $\alpha 1$ integrin sequence. This invention also contemplates using primers and nucleic acid sequences from the human $\alpha 1$ integrin sequence provided by Briesewitz, et al. (*J. Biol. Chem.* 268(4):2989-96, 1993). Primers can be designed using a known sequence using commercially available computer programs. Primers typically are complementary to and/or hybridize to a 5' region and/or a 3' region of the nucleic acid sequence encoding the protein of interest. The primers can be used to amplify all or a portion of DNA or cDNA encoding $\alpha 1$ integrin. Primers can be used to make probes and to detect expression levels of $\alpha 1$ integrin. Primers preferably have at least 15 nucleotides that are

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100% complementary to the nucleotide sequence selected. The primers can also have additional sequences preferably at the ends of the primer that include restriction enzyme sites and the like that are not complementary to the nucleic acid sequence to be amplified. Primers are preferably about 15 to 50 nucleotides long and can be prepared by automated synthesis.

The primers can be used to detect the level of $\alpha 1$ expression in cells. RNA from cells is extracted and reverse transcribed using standard methods. Primers that are complementary to and can hybridize to a DNA sequence encoding $\alpha 1$ integrins are utilized to amplify the cDNA. A decrease in the level of PCR product can be determined in comparison to the amount of PCR product obtained from control cells.

One method of utilizing PCR to detect al integrin expression is in situ PCR. A method for PCR in situ hybridization is described in PCR In Situ Hybridization Protocols and Applications, J. Novo ed., "PCR In Situ Hybridization", pp. 157-183. Briefly, tissue sections, fibroblasts and/or blood cells (about 5 µm) are placed on silanecoated glass slides. After removing paraffin, the slides are treated with trypsinogen (2mg/ml) in 0.01N HCl for 10 minutes and then trypsinogen inactivated in 0.1M Tris HCl (pH 7.0) solution. The slides are washed sequentially in 90% and 100% ethanol, two times for 1 minute each and air dried. Aliquots of reaction mixture containing 0.15 units/ml Taq DNA polymerase and specific primer pairs for α1 integrin are added to the tissue section and then overlaid with siliconized glass coverslips. The slides are placed in the heat-sealable plastic bags and 4-5ml mineral oil is added. After removing air, the bag is heat-sealed and placed in the thermal-cycling oven for 40 cycles. After thermalcycling, the slides are washed twice in chloroform for 2 minutes. The coverslips are removed and the slides are dipped briefly in fresh chloroform. After washing in PBS for 5 minutes, the slides are dehydrated and air-dried. The slides are dipped in NTB2 nuclear emulsion (Kodak) and exposed in the dark for 7 days. After development, the slides are counterstained with hematoxylin-eosin.

A change in the level of $\alpha 1$ integrin protein expression can also be detected by using immunofluorescence. (Unless otherwise specified as "protein expression", the term "expression" used herein generally refers to RNA expression.) Sections of tissue samples, fibroblasts and/or blood cells can be stained with antibodies specific for $\alpha 1$ integrin. It is preferable that antibodies are monoclonal antibodies and are antibodies

that do not substantially cross-react with other α integrin subunits. Antibodies to $\alpha 1$ integrin can be made by standard methods such as described in Wayner EA and WG Carter, 1987, *J. Cell Biol.* 121(5):1141-1152. Antibodies specific to $\alpha 1$ integrin include the SR84 and TS2/7 antibodies. Information related to these antibodies is provided in Examples 1 and 3. A decrease in the level of immunofluorescence can be observed and quantitated using standard methods. A decrease of about 25 to 100% of $\alpha 1$ integrin expression may be used to identify patients that have a greater risk of developing diabetic nephropathy. A decrease in $\alpha 1$ integrin expression is compared to the level of $\alpha 1$ integrin expression in age-matched nondiabetic controls.

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The preferred method of the invention involves comparing the level of expression of $\alpha 2$ integrin to the level of expression of $\alpha 1$ integrin. Under high glucose conditions, a decrease in the level of $\alpha 1$ expression is seen as well as an increase in the level of $\alpha 2$ expression in mesangial cells. It is believed that patients at greater risk for nephropathy or other complications associated with diabetes will exhibit an increase in $\alpha 2$ expression and a decrease in $\alpha 1$ expression. A change of about 15 to 100%, and preferably of about 25 to 100%, of $\alpha 2$ integrin expression as well as a change of about 15 to 100%, and preferably of about 25 to 100%, of $\alpha 1$ integrin expression is believed to be indicative of patients with a greater risk of developing diabetic nephropathy.

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Integrin expression is associated with a variety of cell types in a variety of locations throughout the body, therefore it is possible that altered levels of integrin expression will also be identified in diabetic associated retinopathy, atherosclerosis and select diabetic neuropathies.

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The expression of integrin subunits, preferably of $\alpha 1$ and $\alpha 2$ integrin subunits, is detected and/or quantitated in tissue samples, fibroblasts and/or blood cells from diabetic patients. The preferred methods are those that allow detection of gene expression in a small amount of cells or tissue.

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The expression of $\alpha 2$ integrin can be detected using *in situ* hybridization. The conditions for *in situ* hybridization are the same as those described previously. A probe specific for nucleic acid sequences encoding $\alpha 2$ integrin can be prepared using standard methods as described in Sambrook et al., cited *supra*. The probes are complementary to and/or hybridize to all or a portion of a nucleic acid sequence encoding $\alpha 2$ integrin. As described for $\alpha 1$ integrin, the probe to detect $\alpha 2$ integrin can hybridize to a portion of a

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nucleic acid sequence as long as the probe specifically detects a sequence encoding $\alpha 2$ integrin. Nucleic acid sequences can be DNA, cDNA, or RNA. It is preferred that the probe hybridize to RNA or cDNA.

A specific example of nucleic acid sequence encoding $\alpha 2$ integrin is shown in Figure 2 of Takada and Hemler, *J. Cell Biol.* 109:397 (1989). (SEQ ID NO:3). DNA sequence encoding human $\alpha 2$ integrin can be isolated as described in this reference. The protein encoded by SEQ ID NO:3 is provided in this disclosure as SEQ ID NO:4. Nucleic acid sequences encoding $\alpha 2$ integrin can be obtained from human lung fibroblasts and/or human endothelial cells. Preferably DNA libraries from endothelial cells can be prepared and nucleic acids encoding $\alpha 2$ integrin identified and/or amplified using probes and primers derived from the sequence of $\alpha 2$ integrin, e.g., as shown in Figure 2 of Takada et al. (*supra*). If primers are selected, DNA sequences can be amplified using the polymerase chain reaction and then subcloned. Clones that are positive by hybridization to a probe specific for DNA sequences encoding $\alpha 2$ integrin (see Examples 1 and 3) or that express proteins that are positive by reacting with an antibody specific to $\alpha 2$ integrin such as P1H5 are selected. A DNA sequence encoding $\alpha 2$ integrin can be confirmed by DNA sequencing in comparison to the known $\alpha 2$ sequence, as shown in Figure 2 of Takada et al. (*supra*).

A probe of the invention hybridizes to and is complementary to and/or hybridizes to all or a portion of a nucleic acid sequence encoding $\alpha 2$ integrin as long as the probe specifically detects $\alpha 2$ integrin expression. Probes can be designed using a known sequence such as shown in Figure 2 of Takada et al. (*supra*) by the use of commercially available programs.

The probe can be about 15 nucleotides long up to a full length probe of about 5Kb. The probes are preferably 100% complementary to the nucleic acid encoding α2 integrin however some mismatches can be present depending on the length of the probe. About 1 to 3 mismatches in a probe of about 20 to 30 nucleotides long can be present as long as hybridization conditions are adjusted to account for mismatches. Hybridization conditions can be adjusted to take into account mismatches in accord with known principles are described in Sambrook et al., A Guide to Molecular Cloning, Cold Spring Harbor NY (1989).

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A preferred probe is a 1.8 fragment kb from the 5' end through the EcoR1 site near base 1800 of the sequence shown in Figure 2 of Takada et al. (*supra*). Other probes can be derived from this fragment or from the full length sequence by use of restriction enzyme digestion. Probes can also be prepared by automated synthesis or by PCR. Probes are preferably detectably labeled with a radioactive nucleotide using standard methods.

Probes specific for $\alpha 2$ integrin expression can then be utilized in methods of detecting $\alpha 2$ integrin expression in various cell types. The preferred method is by use of *in situ* hybridization or PCR-*in situ* hybridization on kidney as well as other tissues. The method utilized for *in situ* hybridization has been described previously (Takada and Hemler, *supra*). The method for PCR *in situ* hybridization has been described for $\alpha 1$ integrin. Other methods utilizing probes for detection of $\alpha 2$ integrin expression can also be utilized using standard methods such as Northern Blot Analysis, and the like, as described in Sambrook et al. cited *supra*.

Primers can also be designed based upon the known DNA sequence encoding human $\alpha 2$ integrin. Primers can be designed from a known sequence such as shown in Figure 2 of Takada et al. (*supra*), using commercially available software. Primers typically are complementary to and/or hybridize to a 5' region and/or a 3' region. The primers can be used to amplify all or a portion of DNA or cDNA encoding $\alpha 2$ integrin. Primers can be used to make probes and to detect expression levels of $\alpha 2$ integrin. Primers preferably have at least 15 nucleotides that are 100% complementary to the nucleotide sequence selected. The primers can also have additional sequence preferably at the ends of the primer that include restriction enzyme recognition sites and the like. Primers are preferably about 15 to 50 nucleotides long and can be prepared by automated synthesis.

Primers can be used to detect the level of $\alpha 2$ integrin expression in cells. Nucleic acids, preferably RNA, from cells from diabetic patients are extracted and reverse transcribed using a standard method. Primers that are complementary to and can hybridize to a cDNA sequence encoding $\alpha 2$ integrin are utilized to amplify the cDNA. An increase in the level of PCR product can be determined in comparison to the amount of PCR product obtained from control cells.

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A change in the level of $\alpha 2$ integrin protein expression can also be detected by using immunofluorescence. Sections from kidneys and/or other tissues, skin fibroblasts and/or blood cells can be incubated with antibodies specific to $\alpha 2$ integrin. It is preferable that the antibodies are monoclonal antibodies and are antibodies that do not crossreact with other α integrin subunits. Antibodies to $\alpha 2$ integrin can be made by standard methods such as described in Wayner EA and WG Carter, 1987, *J. Cell Biol.* 121(5):1141-1152. Antibodies specific for $\alpha 2$ integrin include P1H5. An increase in the level of immunofluorescence can be observed and quantitated using standard methods such as flow cytometry. An increase of about 25 to 100% of $\alpha 2$ integrin expression can be used to identify patients that have a greater risk of developing diabetic nephropathy. An increase in $\alpha 2$ integrin expression is compared to $\alpha 2$ integrin expression in nondiabetic control cells.

An increase in $\alpha 2$ integrin expression alone can also be used to identify a patient that may have a greater risk of developing diabetic nephropathy. An increase in $\alpha 2$ expression can be determined as described using the methods described above. An increase of about 25 to 100% in $\alpha 2$ integrin expression may indicate a patient who has an increased risk of developing diabetic nephropathy.

Although an increase of $\alpha 2$ integrin expression or a decrease of $\alpha 1$ integrin expression alone can be utilized to identify patients at greater risk for developing diabetic nephropathy, a preferred method is to detect changes in both $\alpha 1$ and $\alpha 2$ integrin expression. It is believed that an increase in $\alpha 2$ integrin expression and a decrease in $\alpha 1$ integrin expression identifies patients that are at greater risk of or are showing early symptoms of diabetic nephropathy.

In one step of the method, the level of $\alpha 2$ to $\alpha 1$ integrin is compared. The level of $\alpha 1$ integrin expression can be detected and/or quantitated using the methods described previously. The level of $\alpha 1$ and $\alpha 2$ integrin expression can be quantitated on two different cell samples such as two sections of the same tissue sample. About 10-20 glomeruli and tubules are examined. On one cell sample containing the same type of cells, $\alpha 2$ integrin expression can be quantitated and on a second cell sample with the same type of cells, $\alpha 1$ integrin expression can be quantitated. Alternatively, the level of $\alpha 1$ and/or $\alpha 2$ integrin expression can be determined using the same cell sample if the agent used to detect $\alpha 1$ expression is detectably labeled with a first detectable label and

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the agent used to detect $\alpha 2$ expression is detectably labeled with a second detectable label. The first detectably labeled agent and the second detectably labeled agent are agents selected that can be detected and/or quantitated in the presence of one another.

In a preferred version, kidney tissue sections taken from diabetic patients are fixed in formalin and then treated with HCl and proteinase K. A first probe specific for α1 integrin is a 3.9 kb fragment from 5' end through EcoR1 site near base 3900 probe including a sequence as shown in Figure 2 of Ignatius et al. (supra). This probe is labeled with ³²P or 35S or other suitable labels known in the art including, but not limited to, fluorescent labels, biotinylated labels, or other radio labels and the like. The probe is incubated with the section as described previously. A second section taken from the same tissue sample is treated in the same manner but incubated with a probe specific for $\alpha 2$ integrin expression. In a preferred embodiment, a probe specific for $\alpha 2$ integrin expression is a 1.8 kb fragment from 5' end through EcoR1 site near base 1800 that includes a sequence as shown in Figure 2 of Takada et al. (supra). Both probes are labeled with ³²P or ³⁵S. The probe is incubated with the section overnight at 50°C and then for 4 days at room temperature. The sections are then developed for autoradiography. The number of grains per cell are counted for about 10-20 glomeruli and tubules. The total counts for a2 integrin expression vs. a1 integrin expression are compared. An increase of about 40% in α2 integrin and a 30-40% decrease of α1 integrin may indicate a patient is at greater risk for developing diabetic nephropathy.

In an alternative version, the level of expression of α2 integrin is compared with the α1 expression which can be determined using *in situ* PCR or competitive reverse transcriptase PCR. Primers specific for α1 and α2 integrin expression can be prepared as described previously. For competitive reverse transcriptase PCR, RNA extracted from different cell types obtained from diabetic patients will be reverse transcribed to generate cDNA. The cDNA will be mixed with the various concentrations of competitive template amplified by the PCR method. After degradation of competitive cDNA with restriction enzyme, amplified cDNA will be subjected to electrophoresis in 2% agarose gel, electrotransferred to a nylon membrane, UV cross-linked to the membrane and hybridized with a ³²P-labeled probe. Autoradiographs will be used to quantify the label bound to the cDNA using amount of label bound to samples containing target cDNA alone as compared to samples also containing competitor

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cDNA to arrive at the target cDNA concentration. For *in situ* PCR, a method has been described previously. The change in $\alpha 1$ and $\alpha 2$ integrin expression can be quantitated by counting the number of grains per cell in control vs. diabetic cells.

Optionally, for each of the detection methods for α integrin subunits, the level of integrin subunit expression can be compared to expression of a control. The control is selected to be a protein expressed at the same levels in both normal and diabetic cells. The control protein is also selected to be one that is expressed at sufficient levels for easy detection and quantitation. The level of expression of $\alpha 1$ and $\alpha 2$ integrin expression can each be compared to that of the level of the control RNA expression in the cells. The level of RNA expression of $\alpha 1$ integrin or $\alpha 2$ integrin can be divided by the level of expression of the control RNA to normalize the values to the level of control expression in a particular cell sample. The level of expression of the control protein is detected and quantitated using the same method as $\alpha 1$ or $\alpha 2$ integrin expression. The preferred control protein is a cell surface HLA determinant.

Optionally, the levels of $\alpha 3$, $\alpha 5$, or beta-1 integrin subunit expression can be analyzed as described above. The level of $\alpha 3$, $\alpha 5$, or beta-1 integrin expression in cells such as kidney tissue can be detected and quantitated as described for $\alpha 1$ and $\alpha 2$ integrin expression including *in situ* hybridization, *in situ* PCR, immunofluorescence and the like. Other cell types can be analyzed as described above, including fibroblasts and blood cells. Antibodies specific for $\alpha 3$, $\alpha 5$, and beta-1 can be prepared as described by Wayner et al. cited *supra*.

A DNA sequence encoding $\alpha 3$ integrin has been described in Takada et al., *J. Cell Biol.* 115:257 (1991). A probe specific for cDNA sequence encoding $\alpha 3$ integrin subunit is a 1.4Kb Sal I fragment containing 5' untranslated and amino terminal coding sequences for $\alpha 3$ subunit of integrin. DNA sequences encoding $\alpha 3$, $\alpha 5$, and beta-1 integrin can be utilized to form primers and probes as described previously.

The level of $\alpha 3$, $\alpha 5$, or beta-1 integrin expression is increased about 15 to 100% compared with cells from age matched nondiabetic controls. It is believed that an increase in $\alpha 3$, $\alpha 5$, or beta-1 integrin subunit expression may also identify patients that have an increased risk of developing diabetic nephropathy or that have early signs of diabetic nephropathy.

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This invention also relates to methods for detecting alterations in integrin subunit expression, particularly $\alpha 1$ and/or $\alpha 2$ integrin subunit expression by obtaining a cell sample from a patient, processing the sample to detect alterations in integrin subunit expression as compared to integrin expression in samples from age matched normal controls, detecting levels of integrin expression and determining if these levels are altered relative to controls.

This method is useful for predicting individuals at risk for developing pathologies associated with altered cell matrix deposition, including but not limited to renal nephropathy. In preferred embodiments of this invention, the tissues used to detect altered $\alpha 1$ and/or $\alpha 2$ integrin expression include kidney biopsies, skin biopsies and blood cells including polymorphonuclear cells, monocytes, and other cells expression integrin subunits. Biopsied tissue can be further separated into its cellular components or processed as tissue sections for *in situ* hybridization techniques, and/or for immunodiagnostic techniques including immunofluorescence and immunoperoxidase staining.

The cellular components of the biopsied tissue can be cultured for *in vitro* studies including Northern procedures, PCR techniques, immunofluorescent techniques and/or in situ hybridization techniques. Alternatively, cells can be separated and analyzed by flow cytometry, immunofluorescence, processed for PCR or for any of a variety of techniques discussed throughout this disclosure.

While blood cell components are preferably separated from the whole blood sample using methods well known in the art. Individual cells are separated, where necessary, using techniques such as those of Ng, et al. (*supra*), and Baron, et al. *Clin. Sci.* 37:205-219, 1990. Preferably the samples are tested using *in situ* hybridization methods. Where the amount of tissue available is fairly small, PCR-enhanced *in situ* hybridization can be used.

The present invention is also directed to a kit to detect alterations in integrin subunit expression, particularly $\alpha 1$ integrin and/or $\alpha 2$ integrin subunit expression in a patient sample. A variety of kits are contemplated to encompass a variety of methods. These kits optionally include reagents to process a tissue or cell sample for the technique employed by that particular kit. By example, a kit for PCR or PCR enhanced in situ hybridization can include reagents to process the cell sample or section and

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isolate the RNA (for PCR). It will also contain suitable primers to amplify the target sequence and additional probes, if necessary, to detect the desired nucleic acid fragments as well as buffers and reagents for the polymerase chain reaction and the buffers and emulsions required to develop the silver granules, and the like, for *in situ* hybridization methods. Other kits can alternatively include reagents for immunofluorescence using antibodies to the integrin subunits and/or probes, primers and reagents for modifications of *in situ* or PCR *in situ* hybridization methods.

All publications and patent applications in this specification are indicative of the level of ordinary skill in the art to which this invention pertains. All publications and patent applications are herein incorporated by reference to the same extent as if each individual publication or patent application was specifically and individually indicated by reference.

It will be apparent to one of ordinary skill in the art that many changes and modifications can be made in the invention without departing from the spirit or scope of the appended claims.

Example 1 Effect of High Glucose on the Synthesis and Cell Surface Expression of Integrin Receptors by Cultured Mesangial Cells

Cell lines and culture conditions

Human mesangial cells (HMC) were isolated from 19-22 week old fetal kidney tissue or adult tissue as previously described (Striker and Striker, *J. Lab. Invest.* 53(2):122-131, 1985). Cells were cultured at 37°C in an environment of 95% air and 5% CO₂ and in media composed of MEM (Sigma, St. Louis, MO) containing 5 or 25 mM glucose, 20% FBS, 15mM Hepes, penicillin (100 U/ml), streptomycin (100mg/ml), and amphotericin (25mg/ml). Cells were cultured in the two different conditions for at least two passages before they were used for experiments. Cells were released from their tissue culture flasks for passaging or for use in experiments, by washing twice with 1 mM EDTA in HBSS and then treating with 0.05% trypsin and 1 mM EDTA in HBSS for 1 min. Cells between passage 4 and 9 were used in experiments.

The cells were grown in T-75 flasks until 75-80% confluent. For the adhesion and immunoprecipitation analyses, cells were metabolically labeled for 18 hours with 0.5 mCi of [³⁵S]-methionine per T-75 flask. [³⁵S]-methionine was obtained from Du Pont/NEN, Boston, MA.

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Monoclonal antibodies (Mabs) to integrin receptors

Mabs to the integrin receptors $\alpha 3$ (P3D11), $\alpha 5$ (P3D10) and $\beta 1$ (P5D2) can be produced as previously described (Wayner et al., *J. Cell. Biol* 121(5):1141 (1993)) and are available from EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA. The antibodies were characterized by sequential immunoprecipitation with known Mabs directed against these integrin receptors (P1B5, P1D6, P4C10) available from EA Wayner. Other Mabs $\alpha 2$ (P1H5), $\alpha 4$ (P4G9) and $\beta 2$ (P4H9) were previously described (Wayner et al., cited *supra* 1993) and are available from EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA. TS2/7 was provided by Dr. Martin Hemler (Dana Farber Cancer Institute, Boston, MA).

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SR84 supernatant was used as a function-blocking anti-α1 Mab in inhibition experiments. SR84 is available from Dr. D.O. Clegg (Univ. of California, Santa Barbara, CA). (α6) G0H3 was purchased from AMAC Inc., Westbrook, ME. In addition monoclonal antibodies to α1 and α2 integrin were obtained from Telios Pharmaceuticals (San Diego, CA). Hybridoma culture supernatant or ascites fluid were used for immunoprecipitation, flow cytometry and inhibition experiments. A Mab directed to a cell surface HLA determinant was used as a negative control (W6/32, HB95: American Type Culture Collection, Rockville, Maryland, USA). W6/32 bound to the surface of cultured mesangial cells but did not influence adhesion of cIV. SP2 myeloma culture supernatant was also used as a control.

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Immunoprecipitation analysis of integrins from mesangial cell membranes

Mesangial cells metabolically labeled with [35S]-methionine were detached from flasks by treatment with trypsin (Sigma) for 2 minutes, washed three times with phosphate-buffered saline (pH 7.4) and resuspended in PBS containing protease inhibitors (1 mM PMSF and 1 mM NEM). The radiolabeled cell membrane proteins were solubilized by adding lysis buffer (1% Triton X-100, 1 mM Calcium, 1 mM

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PMSF, 1 mM NEM and PBS at pH 7.4) and incubating for 60 minutes at 4°C. Insoluble material was separated by centrifugation at 10,000 rpm for 30 minutes.

The supernatant was transferred and 10 μ l was tested for radioactivity ($\geq 10^7$ cpm/per antibody being assayed was considered to be adequate for immunoprecipitation). The lysate was precleared once with fetuin-agarose which was removed by centrifugation at 10,000 rpm for 15 minutes. This was followed by three preclears with protein A agarose bound to rabbit anti-mouse IgG, the last preclear was done overnight.

For immunoprecipitation, the cell lysate (equal counts of lysate for cells in 5 and 25 mM glucose were used) was incubated with the monoclonal antibodies to be tested, pre-bound to rabbit anti-mouse protein A-agarose. Myeloma culture supernatant was used as a negative control. Anti-HLA antibody (W6/32) was used as a control for loading. After an overnight incubation at 4°C, the agarose beads were washed five times and bound material was eluted by boiling for 5 minutes in SDS.

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The eluted material was analyzed by loading lysate from each permutation on a 7.5% non-reducing SDS-PAGE gel and labeled proteins were visualized by autoradiography. The fluorograms were scanned with a Macintosh Quadra 840 computer using the NIH Image 5.1 Program, and the optical density of the bands was red after subtracting the background. The O.D. was corrected using the lanes immunoprecipitated with W6/32. Immunoprecipitation assays were performed three times for each growth condition of mesangial cells.

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Immunoprecipitates were obtained with anti-integrin monoclonal antibodies from detergent extracts of metabolically labeled human kidney mesangial cells grown in 5 (low) or 25 mM (high) glucose. Equal counts of membrane proteins were immunoprecipitated to compare the level of integrin receptors of mesangial cells under the two growth conditions of low or high glucose levels.

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Cells grown in 25 mM glucose have a higher specific activity of labeling than cells in 5 mM glucose. To overcome this difference and permit a comparison of the band intensity on immunoprecipitation equal counts of cell lysate from the two populations were immunoprecipitated with the antibody. Densitometry and statistical analysis of three experiments was performed, the data normalized to the HLA control and expressed as an O.D. ratio of cells grown in high glucose (HG) to cells grown in

low glucose (LG), for three experiments, with (LG = 1). Cells were labeled with [35 S]-methionine, the cells were harvested, and solubilized. Samples were incubated with antibody and equal counts of cell lysate from the two cell populations were immunoprecipitated with equal amounts of antibody.

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The control indicated that there were comparable amounts of cell surface HLA determinant precipitated from each sample. W6/32, a Mab to cell surface HLA determinant was used as a negative control. Other antibodies used included an anti-α1 antibody (TS2/7) and an anti-α2 antibody (P1H5). In total 5 mM and 25 mM glucose exposed cell extracts were immunoprecipitated side by side 3 times.

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The $\alpha 1$ subunit band was clearly discernible at 180 kD in cell samples exposed to 5 mM of glucose and was associated with a $\beta 1$ band (116 kD). No $\alpha 1$ band could be seen in the 25 mM treated cell sample. In contrast, the $\alpha 2$ subunit band was more prominent in cell samples exposed to 25 mM glucose and appeared as a band at 130 kD. The 130 kD $\alpha 2$ band was present in 5 mM glucose but was significantly less intense than the 25 mM glucose treated samples.

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The cell lysates were also incubated with the following antibodies including: SP2 myeloma culture supernatant; anti- β 1 (P5D2), anti- β 2 (P4H9), anti- α 2 (P1H5), anti- α 3 (P3D11), anti- α 4 (P4G9), anti- α 5 (P3D10) and anti- α 6 (G0H3). Results were interpreted from three independent experiments. Immunoprecipitation of α 3- α 6 and β 1 integrin subunits was performed on cells from the two growth conditions. Subunits α 4 and α 6 were not detected in either cell population. The antibody to the β 1 subunit precipitated a 116 kD protein, the β 1 subunit, and also a precursor β 1 band at 105 kD. The α 3 and α 5 subunits were seen at \approx 130 kD with the associated β subunit at 116 kD, in both cell populations.

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Flow cytometry

Cell surface expression of integrin subunits by cultured human mesangial cells was evaluated by indirect immunofluorescence staining and flow cytometry. Mesangial cells were released with trypsin, washed and resuspended in FACS buffer (HBSS, 2% goat serum, 0.02% sodium azide). An equal number of cells, 2×10^5 were added to each vial.

The cells were incubated with primary antibody for one hour at 4°C and washed once with 1 ml FACS buffer. The secondary antibody was then added in a total volume of 0.5 ml FACS buffer and incubated for 30 minutes at 4°C. The cells were again washed in 1 ml of FACS buffer and resuspended in 0.5 ml of 2% formaldehyde.

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The data was analyzed using CONSORT 30 software on a FACScan (Becton Dickinson, Mountain View, CA). Positive fluorescence was determined on a four decade log scale and fluorescence (log F1) was expressed as the mean channel number of 5,000 cells. Cell surface expression experiments were performed in duplicate with each antibody, at least three times with each growth condition of mesangial cells.

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Densitometric scanning of the fluorograms generated from metabolically labeled cells indicated that the synthesis of the $\beta1$ (12%), $\alpha3$ (14%) and $\alpha5$ (19%) were moderately increased upon growth in 25 mM glucose. Growth in 25 mM glucose dramatically decreased synthesis of the $\alpha1$ subunit (39% reduction in intensity) while synthesis of $\alpha2$ was considerably increased (42%).

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These changes in metabolic activity were paralleled by a similar change in the cell surface integrin phenotype of mesangial cells grown in high glucose. To assess the effect of different glucose concentrations in the medium on the levels of mesangial cell surface integrin receptor expression cells in each glucose treatment population were stained for immunofluorescence and processed for flow cytommetry. Mean channel fluorescence (MCN) values of integrin subunit expression were obtained from 3 experiments. Within each experiment the ratio of MCN for cells grown in high glucose (HG) to cells grown in low glucose (LG), denominator = 1 was calculated.

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Cell surface expression of the following integrin subunits was increased by growth in high glucose: $\beta 1$ (24%), $\alpha 2$ (26%), $\alpha 3$ (18%), and $\alpha 5$ (19%). The decrease in the synthesis of $\alpha 1$ was reflected in a concomitant decrease in cell surface expression (33% reduction in specific staining). The $\alpha 4$ and $\alpha 6$ subunits were not detectable in cultured mesangial cells either by immunoprecipitation or flow cytometric analyses.

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Mesangial cells grown in high glucose (for at least 2 passages) were returned to control media (5 mM glucose), again for at least 2 passages. A flow cytometric analysis of these cells revealed a reversion to "low glucose" type. The expression of $\alpha 2$, $\alpha 3$, $\alpha 5$ and $\beta 1$ were decreased while the expression of $\alpha 1$ increased (data not shown).

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Example 2 Adhesion of Cultured Mesangial Cells to Type IV Collagen (cIV): Effect of High Glucose

5 Cell adhesion to collagen IV (cIV)

The cells were detached from culture flasks by incubation with trypsin 0.05% and EDTA 0.02% for two minutes at 37°C, then washed twice with DMEM and resuspended to the appropriate concentration in binding buffer (DMEM, 25 mM HEPES, 2 mg/ml BSA at pH 7.4). 48 or 96 well plates were coated overnight at 29°C with cIV in serial dilutions starting from 100 µg/ml (5 µg/96 well or 20 µg/48 well). Under these conditions approximately 50% of the cIV adhered. To block the remaining reactive sites the plates were treated with 200 µl of BSA at 2 mg/ml for 2 hours at 37°C. 50 µl of suspension containing 5000 cells (96 well plates) or 100,000 cells (48 well plates) was added per well. The plates were incubated at 37°C in a humidified incubator for approximately 30 minutes. The non-adherent cells were removed by washing three times with binding buffer and then 100 µl of "lysis" buffer (0.5 NaOH, 1% SDS in distilled water) was added to each well for 30 minutes at 60°C. The lysate was transferred to scintillation vials and counted. The data was expressed as a percentage of the total input cpm. Cell adhesion assays were performed in triplicate, at least three times for each growth condition.

Cells grown in medium containing 25 mM glucose adhered significantly better than cells in 5 mM glucose. Adhesion increased with coating concentration of cIV and was saturated at 25 µg/ml for both cell populations.

25 Inhibition of cell adhesion with monoclonal antibodies

Since growth in high glucose appeared to alter the synthesis and expression of the integrin receptors $\alpha 1\beta 1$ and $\alpha 2\beta 1$ which have been reported to be involved in cell adhesion to collagen, (Wayner and Carter, *J. Cell. Biol.* 105:1873 (1987)), we examined the effects of glucose on the ability of mesangial cells to adhere to cIV.

Monoclonal antibody inhibition of 35 S-methionine labeled human mesangial cells grown in 5 mM glucose to cIV was assessed. Briefly, 96 or 48 well plates were coated with 50 or 200 μ l of cIV at 2.5 μ g/ml, overnight at 29°C. The plates were incubated with 2% BSA in PBS to coat remaining reactive sites on plastic for 2 hours,

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and then hybridoma culture supernatant or ascites containing $10~\mu g/ml$ of antibody were added to each well, followed immediately by the cells. After 30 minutes non-adherent cells were washed off and adherent cells were quantitated. Results were obtained from 3 experiments. SP2 myeloma culture supernatant of W6/32 were used as negative controls. A quantitative ELISA was used to determine the concentration of antibody in the hybridoma culture supernatant or ascites.

In each case, the concentration of monoclonal antibody (Mab) was determined relative to a standard curve generated with an isotype-matched control mouse IgG. The concentration of antibody required to saturate the binding sites on human mesangial cells was determined by flow cytometry. The concentration of the antibodies used in the inhibition assays were well above the saturating concentration as determined by flow cytometry. Data were expressed as the percent of maximal binding observed in the presence of W6/32 antibody. Inhibition experiments were performed at least three times, in triplicate, for each growth condition with the various antibodies.

Mesangial cells grown in high glucose (25 mM) adhered better to cIV than cells grown in low glucose (5 mM). Results indicated that adhesion increased with coating concentration of collagen IV and saturated at about 25 µg/ml for both cell populations.

In order to examine the activity of collagen receptors expressed by mesangial cells grown in high glucose, we performed adhesion experiments in the presence of well characterized neutralizing antibodies directed to various β1 integrin subunits. A panel of antibodies was used all of which have been reported to inhibit the adhesion of cells to various substrates (Wayner and Carter, cited *supra*, 1987; Wayner et al., cited *supra*, 1993). Antibodies were used at saturating concentrations as determined by immunofluorescence staining and flow cytometry. In the competition experiments, the following criteria were selected to promote half-maximal binding of mesangial cells: 2.5 μg/ml cIV and a short term assay (less than 30 min). The ability of neutralizing Mabs to inhibit mesangial cell adhesion to cIV was examined in low (5 mM) or high glucose (25 mM) containing media.

To test Mab-mediated adhesion inhibition of mesangial cells grown in 5 mM glucose or 25 mM glucose to collagen IV, 35 S-methionine labeled human mesangial cells were seeded in 48 well plates (100,000 cells/well) coated with 200 μ l cIV (2.5 μ g/ml, overnight at 29°C). Mab's anti- α 1, SR84, anti- α 2, P1H5, anti- β 1, P5D2 and

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SR84 and P1H5 together, were added to the wells before seeding with cells. Adhesion in the presence of W6/32 was used as a control. After 20 minutes non-adherent cells were washed out and adherent cells quantitated. The data was expressed as a percentage of the binding in the presence of W6/32. and the two cell populations were normalized by using the binding in the presence of HLA antibody to represent 100% and the inhibition by other antibodies was calculated as a percentage of binding in the presence of HLA.

The results indicated that the $\alpha 1\beta 1$ integrin receptor had a reduced role (*p < 0.001) for cells grown in 5 mM glucose as compared with 25 mM glucose. Of the antibodies examined, only Mabs directed to the $\alpha 1$ (SR84), $\alpha 2$ (P1H5) or $\beta 1$ (P5D2) integrin subunits inhibited the binding of mesangial cells to cIV. When mesangial cells were grown in either low or high glucose, adhesion to cIV could be almost completely inhibited with Mabs to $\beta 1$ (P5D2) or a combination of $\alpha 1$ (SR84) and $\alpha 2$ (P1H5).

The relative effects of the neutralizing Mabs directed against the $\alpha 1$ and $\alpha 2$ subunits varied depending on whether mesangial cells were grown in low or high glucose. In 5 mM glucose the Mab to the $\alpha 1$ subunit of integrins resulted in more inhibition ($\approx 50\%$) than in 25 mM glucose ($\approx 20\%$) (p < 0.001). This is consistent with the presence of significantly more $\alpha 1$ integrin on the surface of cells grown in 5 mM glucose. Alternatively, in 5 mM glucose the Mab to the $\alpha 2$ subunit resulted in less inhibition ($\approx 60\%$) than in 25 mM glucose ($\approx 75\%$) (p < 0.001). Mab's against the $\alpha 3$, $\alpha 4$, $\alpha 5$ and $\alpha 6$ subunits did not inhibit adhesion (data not shown).

These data demonstrate that under low glucose growth conditions, mesangial cells use $\alpha 1\beta 1$ and $\alpha 2\beta 1$ integrins to bind cIV coated surfaces. However, cells grown in high glucose, appear to rely more on the $\alpha 2$ subunit complexed with $\beta 1$. The results of these functional studies are consistent with the observed alterations in the integrin cell surface phenotype discussed in Example 1.

Example 3 Localization of α1β1 and α2β1 Integrin Receptors Localization of α1 integrin in focal adhesions

Glass cover slips were coated with 50 μ l of cIV at 2.5 μ g/ml, overnight at 29°C. The coated areas were "blocked" for two hours with BSA at 2 mg/ml, in PBS. Human

mesangial cells were processed as before, seeded on each spot of cIV in $50~\mu l$ of binding buffer (2500 cells) and allowed to adhere for 5 hours at 37°C. The unbound cells were washed off with PBS. Adherent cells were fixed with 2% paraformaldehyde in HBSS for 30 minutes followed by permeabilization with 0.5% Triton X-100 for 2 minutes.

The cells were blocked again with PBS following which 200 μl of hybridoma culture supernatant containing anti-α1 antibody (TS1/7) was added to each spot and incubated at room temperature for 1 hour. The coverslips were then thoroughly washed and rhodamine-conjugated goat anti-mouse antibody (1:100) (Boehringer Mannheim, Indianapolis, IN) was added for one hour. The coverslips were again washed and incubated with anti-vinculin antibodies (Sigma, St. Louis, MO) preconjugated (Quicktag, FITC labeling kit, Boehringer Mannheim, Indianapolis, IN) to FITC labeled goat anti-mouse antibody for 1 hour at room temperature. The coverslips were finally washed, mounted on glass slides and viewed for focal adhesions by co-localization of vinculin with α1 integrin.

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Staining of normal human adult kidneys for the presence of \$1 integrins

Normal human adult kidney tissue was snap frozen in liquid nitrogen and sections were prepared with a cryostat at 5 μ m intervals. The sections were stained using an anti-mouse Vectastain Elite Kit (as described by Wayner et al., 1993) with diamino benzene (DAB) as the chromogen. The following mAbs were used: α 1 (TS2/7), α 2 (P1H5), α 3 (P3D11), α 4 (P4G9) and β 1 (P5D2). These monoclonal antibodies are available from the following sources and stained the following histological areas as was demonstrated in these studies:

25	α1 (TS2/7)	Martin Hemler, Dana Farber Cancer Center, Boston, MA. Stained mesangium.
	α2 (P1H5)	EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA Stained mesangium.
30	α3 (P3D11)	EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA Stained the mesangium, endothelium, visceral and Bowman's epithelium and capsule.

35 α4 (P4G9) EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA Did not stain glomeruli.

β1 (P5D2) EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA
Stained mesangium, endothelium,
visceral epithelium, Bownman's
epithelium and capsule.

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Normal mouse IgG (all isotypes) was used as a negative control.

These studies demonstrated the presence of $\alpha1\beta1$ and $\alpha2\beta1$ integrin receptors in focal adhesions. Focal adhesions are observed when cells spread in culture on matrix components such as collagen IV, fibronectin or laminin. Integrins cluster at the site of focal adhesions on the cell surface with intracellular fibers such as vinculin staining at these locations within the cell periphery. (see Hynes, et al. *Cell* 69:11-25, 1992 and Burridge, et al. *Ann. Rev. Cell Biol.* 4:487-525, 1988). This supports the hypothesis that mesangial cells use $\alpha1\beta1$ and $\alpha2\beta1$ integrin receptors to bind to cIV. It has been well established that when a particular integrin receptor is engaged by a specific ligand it can be detected in focal contacts co-localized with certain components of the cytoskeleton such as vinculin. Therefore, we asked whether mesangial cells could localize $\alpha1$ (or $\alpha2$ and $\beta1$) to focal adhesions when seeded on cIV coated substrates.

 $\alpha 2$ or $\beta 1$ could be detected in focal contacts on cIV regardless of whether mesangial cells were grown in either low or high glucose. Additionally, when mesangial cells were grown in 5 mM glucose and subsequently seeded on cIV coated surfaces, $\alpha 1$ could also be co-localized with vinculin within several focal contacts by dual-label immunofluorescence staining. It is believed that cIV binding in cells maintained in low glucose engages both the $\alpha 1$ and $\alpha 2$ subunits. $\alpha 1$ could be detected in only some of the focal adhesions stained by vinculin. As a control, $\alpha 1$ was not detected in focal contacts when mesangial cells were seeded onto fibronectin coated surfaces regardless of the glucose concentration of the cell culture media.

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Immunohistochemical staining of integrin receptor subunits in normal human adult and fetal kidney revealed that both $\alpha 1$ and $\alpha 2$ could be localized within the mesangium. The $\alpha 1$ receptor was diffusely expressed throughout the mesangium whereas the distribution of $\alpha 2$ was more limited and focal. Also consistent with the results we obtained with cultured mesangial cells, $\beta 1$ and $\alpha 3$ were intensely expressed throughout the mesangium, while $\alpha 4$ could not be detected in either fetal or adult mesangium.

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Example 4 Alterations in RNA Production in Human Mesangial Cells cultured in High and Low Glucose Concentrations

Our efforts have concentrated on finding a way to predict, at early stages after the onset of diabetes, the subjects who will later develop nephropathy. We focused on a major hallmark of diabetic nephropathy, that of mesangial expansion. We first examined mesangial cells in culture, since these cells secrete their surrounding matrix, which is expanded in diabetes; however, biopsied tissue can be treated in the same manner, as will be understood by those skilled in the art. The matrix consists primarily of collagen IV.

Primary cultures of human mesangial cells undergo several phenotypic changes in response to elevated glucose concentrations and glucose-modified ("glycated") collagen IV. These changes included altered cell interactions with the collagen matrix. In elevated glucose concentrations, the all subunit underwent a substantial decrease, concomitant with an increase of the a2 integrin subunit. This change was observed with immunoprecipitation and flow cytometry. Further studies with Northern analysis and in situ hybridization of the cultured mesangial cells confirmed the integrin reversal. In the studies employing Northern analyses, separate samples of total RNA were isolated from the mesangial cells on each culture plate or alternatively from rat kidneys (see Example 5, below) by a single-step method using RNA STAT-60TM isolation reagent (TEL-TEST "B", INC., Friendswood, TX) according to the manufacturers directions. Briefly, the cells were lysed with RNA STAT-60TM solution by repetitive pipetting; the tissues were cut into small pieces and homogenized in the RNA STAT-60 solution with a high-speed tissue homogenizer (Polytron CH6005, Luzern, Switzerland). The nucleic acid mixture was extracted with 0.2 ml chloroform per 1ml of the RNA STAT-60TM solution. Total RNA was precipitated for 10 min at -80°C in isopropanol, and the pelleted RNA was redissolved in TE buffer. The total RNA was free of DNA and proteins and had a 260/280 wavelength ratio > 1.8.

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Northern blot analysis-The RNA samples were denatured in formaldehyde gelrunning buffer (20 mM MOPS, 8 mM sodium acetate, mM EDTA, at pH 7.0) containing 6% formaldehyde and 50% formamide by heating at 65°C for 15 min. For each sample 20 mg of RNA was mixed with 6x loading buffer (50% glycerol, 1 mM

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EDTA, 0.25% bromphenol blue, 0.25% Xylene cyanol FF), loaded on a 1% agarose gel submerged in 6% formaldehyde running buffer, and run at 3-5 V/cm for 3-4 hours. RNA was transferred from the agarose gel to a nylon membrane (Boehringer Mannheim, Indianapolis, IN) by capillary elution and immobilized by UV cross-linking (Stratalinker UV; Stratagene, La Jolla, CA). The membranes were then incubated in prehybridization solution containing 50% formamide, 5xSSC. 0.02% SDS, 0.1% Nlauroylsarcosine, 2% blocking reagent (Boehringer Mannheim), and 20 mM sodium maleate (pH 7.5) for >3 hours at 42°C. Radiolabeled probes (see Example 5) for the integrin subunits or controls were then added to the prehybridization solution and hybridization was performed overnight at 42°C (for cDNA probe) or 50°C (for antisense RNA probe). After hybridization, the membranes were initially washed in 2x SSC, 0.05% SDS for 10 minutes at room temperature and then washed for an additional 40 minutes at 42°C (for cDNA probe) or 60°C (for antisense RNA probe). Membranes were then exposed to X-ray film (X-Omat RP; Eastman Kodak Co., Rochester, NY) for 1 day at -80°C. After being stripped of previous probes by heating in 0.2x SSC, 0.5% SDS for 10 min at 100°C, the membranes were reprobed as described above. Images of autoradiograms were captured and digitized using a CCD video camera module interfaced with a microcomputer (Macintosh IIcx: Apple Computers Inc., Cupertino, CA) and analyzed using image processing software (NIH Image 1.55b77: public domain).

Cells grown in 25 mM glucose expressed lower levels of α l integrin than seen in an equivalent amount of RNA from cells grown in 5 mM glucose. Densitometric analysis demonstrated an \approx 30% decrease upon averaging the values from four samples. Similar analysis demonstrated \approx 30% increase in α 2 integrin expression in cells grown in 25 mM glucose.

Example 5 In Situ Hybridization Detecting Expression of Integrins in Kidney Sections Taken at Various Times After Onset of Diabetes

The expression of $\alpha 1$ and $\alpha 2$ integrin receptors was examined in rat kidney sections after the onset of diabetes.

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The *in situ* hybridization approach was used to examine kidney sections of streptozotocin-diabetic rats, 2.5 months after induction of diabetes. At this time interval, glomerular changes were still minimal. The streptozotocin-induced diabetic rat model mimics human changes of mesangial expansion and glomerular basement membrane thickening in late nephropathy and is an art accepted model for diabetes and nephropathy.

Female non-pregnant Sprague-Dawley rats were obtained from Brithwood, Minneapolis, MN. The animals weighed 190-210 g at the beginning of the experiments and were given a 52mg/kg intraperitoneal dose of streptozotocin (STZ, Zanazar brand, Upjohn Corp., Kalamazoo, M1) in calcium citrate and calcium carbonate Buffer (pH 4.5) to induce diabetes, while the controls were injected with the same amount of Hanks' balanced salt solution (pH 7.2). The animals were fed on standard rat chow (Purina laboratory chow # 5001. RFG PET@Supply Company, Plymouth, MN), and tap water ad libitum. Presence of diabetes was confirmed by detection of >400mg/dl nonfasting plasma glucose levels 10 days post injection by tail vein bleeding using the glucose peroxide method (Beckman glucose analyzer, Beckman Instruments, Inc., Fullerton, CA).

Body weight was determined weekly, blood glucose levels were determined at 4 weeks after induction of diabetes, and on the day before the termination of the experiment, which was 2.5 month from induction of diabetes. Urinary albumin excretion (UAE) was determined by radial immunodiffusion Mancini method, using goat IgG fraction against rat albumin (Cappel Cat. No. 55727) and purified rat albumin (Cappel Cat. No. 55952, Cappel Research Products, Durham, NC), according to previously published procedures (Mauer et al, *Diabetes* 27:959-64, 1978). Rats were sacrificed at 2.5 months after diabetes induction and kidney tissue was perfusionally fixed by injecting freshly prepared 4% paraformaldehyde through the renal artery. This was followed by overnight fixation in 4% paraformaldehyde after removal from the body. The tissue was sectioned at 5 μm and placed on the silane-coated slides (Digene Diagnostics, Inc., Beltsville, MD) for *in situ* hybridization with probes for the αl and α2 integrin subunits.

2.5 months after injection of STZ, diabetic rats weighted significantly less than controls, whereas their right kidney weight and serum glucose concentration were

significantly increased, as compared to the controls (see Table 1). Diabetic and non-diabetic rats demonstrated no significant difference in glomerular size and albumin excretion at 2.5 month after induction of diabetes (Table 1).

TABLE 1

TISSUE	CONTROL	DIABETIC	S/NS
Body Wt.(g)	390+/-10	200+/-20	S
Right Kidney wt. (g)	1.35+/-0.1	1.8+/-0.1	S
Plasma glucose (mg/dl)	140+/-25	760+/150	S
Glomerular area	1.42+/-0.5	1.45+/-0.6	NS

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A 5.4 kb human α 2 integrin CDNA clone (Takada, et al., 1989, *supra*) and a rat α 1 integrin cDNA clone (Ignatius et al, *supra*) in bluescript vector (Stratagene, La Jolla, CA) were used in these experiments. A 1.79 kb α 2 integrin cDNA fragment was restriction digested from the EcoRI site. Similarly, a 3.98 kb α 1 integrin cDNA fragment was obtained by restriction digestion from the EcoRI site.

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cDNA fragments were purified by GENE CLEAN II kit (BIO 101, San Diego, CA) and labeled using the random primer labeling kit (Boehringer Mannheim, Indianapolis, IN) with P³²-dCTP (NEN) for Northern blotting and with S³⁵-dCTP (NEN) for *in situ* hybridization. GAPDH and sheep visna virus cDNA (PLV-KS) (Staskus et al, *Virology* 181:228-240, 1991) probes were used as the positive and negative controls respectively. The probes preferably had a specific activity of 2 x 10⁸ - 1 x 10⁹ dpm/μg.

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By Northern blotting, compared to the controls, the diabetic kidneys expressed 113.5% more α 1(IV) RNA, 46.5% more α 3(IV) RNA, 54.8% less metalloproteinase-2 RNA (MMP-2, an enzyme that cleaves type IV collagen) and 246% more TIMP-1 RNA (a tissue inhibitor of metalloproteinases) with a p< 0.01 in all cases as determined by ANOVA.

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The expression of αl and α2 integrin RNA was localized using a modification of a previously described method for *in situ* hybridization (Staskus et al. *supra*). 5μm tissue sections on silane-coated slides were fixed in the freshly prepared 4% paraformaldehyde for 10 min. The slides were pretreated with 0.2N HCl for 20 min, 0. 15 M Triethanolamine (TEA, Sigma, St. Louis, MO) for 15 min, 0.005% digitonin for 5 min, 3 mg/ml proteinase K (Sigma) for 15 min at 37°C, and 0.3% acetic anhydride -

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O.1M TEA for 10 min. Hybridizations were performed under stringent hybridization conditions. Stringent hybridization conditions are defined in this specification as 50°C overnight, in 50% formamide, 0.6 M NaCl, 1x Denhardt's solution, 0. 17 mg/ml human COT^{RT} DNA (GIBCO/BRL), 1 mg/ml poly A (Boehringer Mannhieim), 10% (w/v) Dextran sulfate (Sigma), 0. 1 M dithiothreitol (DTT, Boehringer Mannheim), 1 mM EDTA, 0. 1 mM aurinitricarboxylic acid (ATA, Sigma) and S³⁵-dCTP labeled cDNA probe. The next day, the slides were washed in 2x SSC-0.05% SDS for 60 min at 55°C (recipes for SSC and the like can be found in Sambrook, et al., *supra*); further washed in a high stringency washing buffer containing 50% formamide, 0.6 M NaCl, 1 mM EDTA, 5 mM DTT and 10 mM Hepes for 4 days at room temperature. After a brief rinse in 2x SSC, the slides were dehydrated in graded ethanol with 0.3 M ammonium acetate then dipped in Kodak NTB-2 emulsion and exposed for 5 days at 4°C.

After development the slides were stained with hematoxylin-eosin (Surgipath Canada, 1nc., Winnipeg, Canada) and mounted. A ratio of the number of silver grains per cell was used to quantitate the results of *in situ* hybridization. Twenty glomeruli each were counted from each control and diabetic animal. Each glomerulus was assessed for: 1) glomerular area; 2) glomerular perimeter; 3) grains per glomerulus; and 4) number of cell nuclei per glomerulus.

The results were estimated as grains per cell nucleus and grains per glomerular area, as mean +/- SD of 5 animals (20 glomeruli each). (Haase, A.T., [1990]: *In situ* hybridization, CRC Press, 199-217; Nuovo, G.J., [1992] PCR in situ hybridization, protocols and applications, Raven Press). Groups were compared with the 2-tailed student t-test. Differences between groups were considered significant at p<0.05.

The results are illustrated in Fig. 1. Early after induction of experimental diabetes, the expression of the $\alpha 1$ integrin subunit by glomerular cells was decreased compared to the control, whereas the expression of $\alpha 2$ integrin was increased. The average counts, in diabetic glomeruli hybridized with the $\alpha 1$ integrin probe, were significantly lower than control (Fig. 1). Also, the average counts, in diabetic glomeruli hybridized with the $\alpha 2$ integrin probe, were significantly higher than control (Fig. 1).

Control animals at 2.5 month diabetes expressed on an average a significantly higher level of $\alpha 1$ subunit integrin and significantly lower levels of $\alpha 2$ subunit integrin using unbiased methods of selection of areas for study. The entire section was surveyed

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for RNA grains, the regions of the Bowman's space and the background count were excluded by studying a commensurate area of the negative control stained tissue.

Compared to the control, glomerular cells (GC:endothelial, epithelial and mesangial combine) and/or tubular (proximal and distal epithelial) cells (TC) had 36% (GC) less grains for $\alpha 1$ integrin; 86.4% (GC) more grains for $\alpha 2$ integrin; 82(TC)-167% (GC) more grains for $\alpha 1$ (IV); 107 (TC)-137% (GC) more grains for $\alpha 3$ (IV); 63.6(GC)-65.3%(TC) less MMP-2.

The results of the present study clearly demonstrate that mesangial cells, when cultured in high glucose (25 mM) instead of normal/low glucose (5 mM) alter their RNA production for the integrin subunits $\alpha 1$ and $\alpha 2$. Thus, this phenomenon is observed both at the level of protein and RNA production.

Furthermore, the results of our *in situ* hybridization and immunohistochemical staining experiments show that these changes can be detected in the mesangium of diabetic rat kidney and that human α2 integrin subunit probes and rat α1 integrin subunit probes are functional in both rat and human cells. Work by Mendrick and coworkers (Lab. Invest. 72(3):367-375, 1995) has shown that in the rat both integrins all and α2βl of mesangial cells interact with collagen; as happens in the human mesangial cells. In the present study, the distribution of $\alpha 1$ and $\alpha 2$ integrin receptor subunit RNA was precisely localized by in situ hybridization to the different cell types of the glomerulus and surrounding tubules. Normal rat tissues expressed levels of the al subunit and also the \alpha2 subunit RNA, as determined by counting the number ratio of silver grains/cell. However, the streptozotocin-induced diabetic animals had significantly lower levels of RNA for the all subunit and significantly higher levels of α2 subunit. A similar distribution of αl and α2 subunit RNA (silver grains) was seen in the proximal and distal tubular epithelial cells. These data indicate that the distribution of cell surface integrin expression may be regulated by gene expression at the transcriptional level.

In summary, using *in situ* hybridization, similar results were seen in both mesangial cells *in vitro* and in glomeruli from tissue sections probed for the $\alpha 1$ and $\alpha 2$ integrin.

Early after induction of streptozotocin-diabetes in rates, substantial matrixrelated gene expression changes occurred. For example, $\alpha 1$ and $\alpha 2$ integrin levels

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changes, components of $\alpha 1\beta 1$ and $\alpha 2\beta 1$ integrin cell receptors for tIV (an important component of the renal extracellular matrix) underwent a reversal in levels with less $\alpha 1$ and more $\alpha 2$ integrin being present in glomeruli from kidneys of diabetic rats, when compared to the control. Expression of tIV was increased whereas the expression of MMP-2 which degrades tIV was substantially decreased. TIMP-1, an inhibitor of MMP-2 was increased. The observed matrix changes indicate an imbalance of tIV synthesis and turnover. This dysmetabolism of tIV, apparent in both the glomerular and tubular areas of the kidney, occurred before significant renal functional changes, or matrix accumulation out of proportion to renal enlargement, could be detectable. These changes could have a regulatory role in significant basement membrane thickening and mesangial expansion of diabetic nephropathy.

Collectively, the obtained data indicate that increased glucose concentration induces quantitative changes in receptor synthesis and cell surface integrin expression of human mesangial cells. In the diabetic, all cell systems are exposed to hyperglycemia and it is know that many cell and organ systems are affected by the disease; therefore, other cell types could similarly be used to assess changes in the levels of $\alpha 1$ and/or $\alpha 2$ integrin subunit expression as a measure of a predisposition to a variety of diabetic-induced pathologies. Kyu-Jin, et al. (*supra*) have noted alterations in integrin subunit expression in skin fibroblasts of diabetic patients. This information, in conjunction with the data discussed herein, indicates that altered levels of integrin subunit expression can be detected from a variety of integrin-expressing cells in diabetic nephropathy patients.

These results support the *in vitro* primary human mesangial cell culture data demonstrating that changes in cell surface integrin expression indicate the onset of nephropathic changes.

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Example 6 Detection of Altered Levels of α1 and α2 Integrin Subunit Expression in Humans using Blood and Tissue Samples

Patients with insulin-dependent diabetes mellitus (IDDM), individuals at risk for developing IDDM, patients with clinical diabetes nephropathy and healthy age matched volunteers are selected for studies to confirm the presence of altered $\alpha 1$ and $\alpha 2$ integrin subunit expression in integrin-producing cells. Clinical diabetic nephropathy is defined by the presence of persistent proteinuria (urinary AER > 300 $\mu g/day$) in sterile urine of

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patients with >10 yr duration of disease and concomitant retinopathy and is confirmed by the presence of classic glomerulosclerotic lesions on renal biopsy. Normal, nondiabetic individuals without a family history of hypertension serve as control subjects.

Patients were biopsied as follows: For skin biopsies, a biopsy is taken from the anterior surface of the left forearm by excision under local anaesthetic such as ethyl chloride, see Trevisan, et al. *Diabetes* 41:1239-45, 1992. The biopsy is optionally divided in half. With half of the tissue frozen immediately in liquid nitrogen and the other half placed in Hanks balanced salt solution. The frozen tissue is embedded in paraffin and processed for *in situ* hybridization as has been described above. A portion of the intact tissue is preferably immediately minced and processed for RNA isolation using techniques described above. Remaining minced tissue is gently digested with trypsin to obtain a cell suspension, washed in media containing serum to remove trypsin and plated onto tissue culture dishes containing 10% FCS supplemented DMEM with antibiotics.

Renal biopsies were obtained as follows. Patients should have normal blood pressures, normal coagulation values and platelet counts. Ultrasound was used to precisely localize the kidney. Ultrasound was also used to determine renal size, structural defects and post-void residual urine. Renal biopsies were performed on sedated patients using the Franklin modified Vim-Silverman or Truecut needles available from surgical supply suppliers. The biopsy specimens were immediately examined under a dissecting microscope to ensure that adequate samples of glomeruli were present for subsequent studies to quantitate integrin levels. Biopsied tissue was sectioned and processed for *in situ* hybridization as described in Example 5. In one example, renal samples from diabetic patients who did not show signs of microalbuminuria, but who had diabetic siblings with renal nephropathy were processed for *in situ* hybridization and PCR *in situ* hybridization. Renal samples from diabetic patients without a family history of nephropathy were also studied by PCR *in situ* hybridization to detect altered levels of integrin subunit expression.

PCR *in situ* hybridization is performed as follows. Sections are fixed as described in Example 5 and rinsed in RNase free water. The protocol used is that described by Nuovo, et al. (*Am. J. Surg. Pathol.* 17:683-690, 1993.) Cells are treated

with pepsin and DNase as described. cDNA synthesis is initiated by adding 10µl of a solution containing one or more of the following probes listed in a 5'-3' orientation with their SEQ ID NOS and their nucleic acid location on the respective integrin gene with reverse transcriptase (Perkin-ELmer, Norwalk, Conn.):

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	<u>α1 integrin primer</u>	SEQ ID NO	NA location
	CCAGAGTCACTCTCACAGAG	5	2729-2748
	CACAGCGTACACGTACACC	6	1991-2009
	CACTTATAGACATCTCCAG	7	646-664
	α2 integrin primer	SEQ ID NO	NA location
,	CATCCATGTTGATGTCTG	8	1733-1750
	CATGTGATTCACCGTCAG	9	894-910
	GCATATTGAATTGCTCCGAAT	GTG 10	801-826

The resulting cDNAs are subjected to amplification containing a 1 μ M concentration (each) of one or more of the above primers with a paired primer located 5' to the primers provided above. Those skilled in the art will recognize that a variety of other primers could also be used from the α 1 and α 2 integrin gene sequence to similarly perform PCR *in situ* hybridization. The preferred primers paired with the above primers are provided below.

<u>α1 integrin primer</u> SEQ ID NO NA le	ocation SEQ ID Pair
25 GGCGTATGCACAACGCA 11 2261-	-2277 5
GCGACAGCTGACCAGTCAGCA 12 1509-	-1529 6
CACTCCTCCACAGCTCCT 13 251-2	268 7
α2 integrin primer SEQ ID NO NA le	ocation SEQ ID Pair
	ocation SEQ ID Pair
	-1608 8

The SEQ ID Pair in the above table refers to the paired primer that provides amplification of the sequence positioned between the primer pairs on the respective integrin gene. The PCR products are detected by using an antidigoxigenin-alkaline phosphatase conjugate and the chromagen nitroblue tetrazolium (NBT)-5-bromo-4-chloro-3-indoylphosphate toluidinium (Salt) (BCIP). The counterstain nuclear fast red

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is used to stain nuclei. Internal probes located within the nucleic acid regions amplified by PCR can also be used to identify the amplified fragments. Thus, based on the pairings provided above, oligonucleotide probes can be selected between regions 267-645, 1530-1990 and between 2278-2728 for the α 1 integrin gene and between regions 320-800, 452-893, 1607-1732 for the α 2 integrin gene and hybridized and stained following the *in situ* hybridization methods detailed in Example 5.

A blood sample is also taken from the patient and leukocytes are isolated from blood by centrifugation, followed by hypotonic shock of residual blood cells. The leukocytes are then processed for *in situ* hybridization as has been discussed in the preceding examples.

Results:

PCR in situ hybridization with renal tissues demonstrated decreased $\alpha 1$ and increased $\alpha 2$ integrin subunits in the patient with diabetic neuropathy as compared with control tissue.

Quantitative analysis of RNA grains per unit area of kidney glomeruli and tubules was performed by counting silver grains under epi-polarized light.

As shown in Table 2, both glomeruli and tubules of the diabetic neuropathy patient showed significantly decreased $\alpha 1$ integrin levels as compared to the control, whereas $\alpha 2$ integrin levels were significantly increased as compared with control levels.

TABLE 2

	Glom	eruli ^a	Tub	ules ^a
Sample	α1	α2	α1	α2
Control	156	83	136	101
Diabetic Neuropathy	121 ^b	95°	89°	124 ^b

a =grains per unit area b = p < 0.05 c = p < 0.01

These results confirm the *in vitro* observations in mesangial cells that there is a decrease of the $\alpha 1$ integrin subunit and a concommitant increase of $\alpha 2$ integrin

expression in a diabetic nephropathy. This represents a reversal of mesangial integrins which mediate binding of mesangial cells to collagen IV.

Example 7

Increased Integrin Subunit Expression in Skin Fibroblasts From Diabetic Patients with Nephropathy as Compared with Control Diabetic Patients

Fibroblasts were obtained from skin biopsies from diabetic patients with or without diabetic nephropathy and cultured as described for Example 6. Expression of $\alpha 3$, $\alpha 5$, and beta-1 integrin subunits in the cultured cells was analyzed by Northern blotting and subsequent densitometry, as described above, and using published probes.

For the $\alpha 3$ integrin subunit, the 1.9 Sall fragment described in Takada Y., et al., J. Cell Biol. 115:257-266 was used. For the $\beta 1$ subunit, the 3.6 kb insert of the $\beta 1$ subunit (the whole cDNA), described in Giancotti and Ruoslahti, Cell 60:849-850 (1990) was used. For the $\alpha 5$ subunit, the 3.7 kb Sall-Xba insert of the $\alpha 5$ subunit (the whole cDNA) described in Giancotti and Ruoslahti, Supra as used. These probes were radiolabeled and used under the same conditions as those described for Example 6.

The study included five patients per group, five each from the normal, diabetic "slow track" and from the Diabetic "fast track". Both groups of diabetic human subjects had renal function studies and kidney biopsies performed as part of their evaluation as possible candidates for pancreas transplantation. All procedures were approved by the Committee on Human Subjects at the University of Minnesota, and all patients gave written consent. All patients spent one week at the Clinical Research Center (CRC) at the University of Minnesota for pre-pancreas transplant evaluation, during which time they underwent multiple 24-hour urine collections (at least three) for measurements of creatinine clearance and urinary albumin excretion. Blood pressure was measured repeatedly by the CRC nursing staff. HbA1 was used to assess glycemic control. All patients underwent percutaneous kidney biopsy and skin biopsy. Patients were divided into two groups based on criteria of severity of renal lesions determined by morphometric analysis of mesangial functional volume and IDDM duration.

"Normal" samples were kidney biopsies from non-diabetic human subjects, taken to examine for the presence of neoplastic tissue, etc., on which a similar analysis to that performed for the diabetic tissues was done. These subjects underwent similar

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renal functional studies to make certain that albuminuria, increased creatinine clearance, or hypertension were not present.

The data, shown below in Table 3, demonstrate a significant increase in α 3 and beta-1 subunit expression in the skin fibroblasts of diabetic nephropathy patients as compared with the control diabetic patients.

TABLE 3

Integrin Subunit	Normal Values	Control Diabetic	Nephropathy Diabetics	p
α3	11.5 (9.1-13.3)	10.1 (8.6-12.8)	17.1 (16.1-35.6)	<0.5
α5	36.2 (18.3-46.6)	38.7 (31.6-57.2)	30.3 (13.2-48.4)	
b1	29.9 (24.0-33.4)	24.9 (17.4-30.9)	37.1 (24.2-74.6)	<0.5

While particular embodiments of the invention have been described in detail, it will be apparent to those skilled in the art, that these embodiments are exemplary rather than limiting, and the true scope of the invention is that defined in the following claims.

SEQUENCE LISTING

(1) GENERAL INFORMATION

- (i) APPLICANT: Regents of the University of Minnesota
- (ii) TITLE OF THE INVENTION: ANALYSIS OF ALPHA INTEGRINS FOR THE DIAGNOSIS OF DIABETIC NEPHROPATHY
- (iii) NUMBER OF SEQUENCES: 16
- (iv) CORRESPONDENCE ADDRESS:
 - (A) ADDRESSEE: Merchant & Gould
 - (B) STREET: 3100 Norwest Center 90 South 7th Street
 - (C) CITY: Minneapolis
 - (D) STATE: MN
 - (E) COUNTRY: US
 - (F) ZIP:
- 55402
- (v) COMPUTER READABLE FORM:
 - (A) MEDIUM TYPE: Diskette
 - (B) COMPUTER: IBM Compatible
 - (C) OPERATING SYSTEM: DOS
 - (D) SOFTWARE: FastSEQ Version 1.5
- (vi) CURRENT APPLICATION DATA:
 - (A) APPLICATION NUMBER: Unknown
 - (B) FILING DATE:
 - (C) CLASSIFICATION:
- (vii) PRIOR APPLICATION DATA:
 - (A) APPLICATION NUMBER:
 - (B) FILING DATE:
- (viii) ATTORNEY/AGENT INFORMATION:
 - (A) NAME: Kettelberger, Denise
 - (B) REGISTRATION NUMBER: 33,924
 - (C) REFERENCE/DOCKET NUMBER: 600.314USWO
 - (ix) TELECOMMUNICATION INFORMATION:
 - (A) TELEPHONE: 612-332-5300
 - (B) TELEFAX: 612-332-9081
 - (C) TELEX:

(2) INFORMATION FOR SEQ ID NO:1:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 3987 base pairs
 - (B) TYPE: nucleic acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: Genomic DNA
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE:
- (vi) ORIGINAL SOURCE:
- (ix) FEATURE:
 - (A) NAME/KEY: CDS
 - (B) LOCATION: 420...3959
 - (A) NAME/KEY: mat_peptide
 - (B) LOCATION: 504
 - (D) OTHER INFORMATION:

(xi) SEQUENCE DESCRIPTION: SEQ ID NO:1:

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ATG	GTC	CCC	AGG	CGT	CCT	GCC	AGC	CTA	GAG	GTC	ACT	GTA	GCC	TGC Cys		419 467
												_		GTT Val		515
														TTT Phe		563
														CTT Leu 35		611
														GTC Val		659
														TTG Leu		707

			AAC Asn													755
			GGA Gly													803
			CCC Pro													851
			TGT Cys 120													899
			GTA Val													947
CTG Leu	GAT Asp 150	GGC Gly	TCC Ser	AAC Asn	AGC Ser	ATC Ile 155	TAC Tyr	CCC Pro	TGG Trp	GAA Glu	AGT Ser 160	GTC Val	ATC Ile	GCC Ala	TTT Phe	995
TTA Leu 165	AAC Asn	GAC Asp	CTT Leu	CTT Leu	AAG Lys 170	AGG Arg	ATG Met	GAT Asp	ATT Ile	GGC Gly 175	CCT Pro	AAG Lys	CAG Gln	ACA Thr	CAG Gln 180	1043
			GTA Val													1091
			TCA Ser 200													1139
			GGA Gly													1187
GCC Ala	AGG Arg 230	AAA Lys	GAG Glu	GCA Ala	TTC Phe	ACT Thr 235	GAA Glu	GCT Ala	CGG Arg	GGT Gly	GCC Ala 240	AGG Arg	AGG Arg	GGA Gly	GTT Val	1235
			ATG Met													1283
			AGG Gln													1331
			GCT Ala 280													1379

						ATA										1427
Glu	Lys	Phe 295	Val	Glu	Glu	Ile	Lys 300	Ser	Ile	Ala	Ser	Glu 305	Pro	Thr	Glu	
						TCG Ser										1475
	310					315					320					
						ATA Ile										1523
325					330					335					340	
						ATG Met										1571
				345					350					355		
						GTC Val										1619
			360					365					370	_	_	
						ATG Met										1667
		375					380					385				
CAT His	AAC Asn	ACC Thr	ACC Thr	TTT Phe	CAA Gln	ACT Thr	GAG Glu	CCC	GCC Ala	AAG Lvs	ATG Met	AAC	GAG	CCT	CTG	1715
	390					395					400					
						ACA Thr										1763
405					410					415				_	420	
						CAG Gln										1811
				425					430					435		
						GAT Asp										1859
			440					445					450			
GGC Glv	GGA Glv	GAG Glu	CAG Gln	ATT	GGT	TCC Ser	TAC	TTT	GGT	AGT	GTC	TTA	ACA	ACA	ATT	1907
		455					460					465				
						TAT Tyr										1955
	470					475					480		_			
ATG Met						AAA Lvs										2003
485	<i>1</i> -	- •	1		490	-, -				495	~, 5	- 44	- y r	val	500	
						TTT										2051
ATA	val	ASII	GIU	505	AI.G	Phe	GIU	ıyr	510	met	ser	ьeu	GIU	Pro 515	TIE	

GGC Arg	AGA Gln	CCT Thr	GCT Cys 520	GCT Cys	CAT Ser	CCC Ser	TGA Leu	AGG Lys 525	Asp	ATT Asn	CAT Ser	GCA Cys	CGA Thr	Lys	AAA Glu	2099
AAC Asn	AAG Lys	AAT Asn 535	GAG Glu	CCC Pro	TGC Cys	GGG Gly	GCC Ala 540	CGC Arg	TTC Phe	GGA Gly	ACA Thr	GCA Ala 545	ATT	GCT Ala	GCT Ala	2147
GTA Val	AAA Lys 550	GAC Asp	CTC Leu	AAC Asn	GTG Val	GAT Asp 555	GGA Gly	TTT Phe	AAT Asn	GAC Asp	GTC Val 560	GTG Val	ATT Ile	GGA Gly	GCT Ala	2195
Pro 565	Leu	Glu	Asp	Asp	His 570	Ala	Gly	Ala	Val	Tyr 575	Ile	TAT Tyr	His	Gly	Ser 580	2243
Gly	Lys	Thr	Ile	Arg 585	Glu	Ala	Tyr	Ala	Gln 590	Arg	Ile	CCA Pro	Ser	Gly 595	Gly	2291
Asp	Gly	Lys	Thr 600	Leu	Lys	Phe	Phe	Gly 605	Gln	Ser	Ile	CAC His	Gly 610	Glu	Met	2339
Asp	Leu	Asn 615	Gly	Asp	Gly	Leu	Thr 620	Asp	Val	Thr	Ile	GGA Gly 625	Gly	Leu	Gly	2387
Gly	Ala 630	Ala	Leu	Phe	Trp	Ala 635	Arg	Asp	Val	Ala	Val 640	GTT Val	Lys	Val	Thr	2435
Met 645	Asn	Phe	Glu	Pro	Asn 650	Lys	Val	Asn	Ile	Gln 655	Lys	AAA Lys	Asn	Cys	Arg 660	2483
Val	Glu	Gly	Lys	Glu 665	Thr	Val	Cys	Ile	Asn 670	Ala	Thr	ATG Met	Cys	Phe 675	His	2531
Val	Lys	Leu	Lys 680	Ser	Lys	Glu	Asp	Ser 685	Ile	Tyr	Glu	GCT Ala	Asp 690	Leu	Gln	2579
Tyr	Arg	Val 695	Thr	Leu	Asp	Ser	Leu 700	Arg	Gln	Ile	Ser	CGG Arg 705	Ser	Phe	Phe	2627
Ser	Gly 710	Thr	Gln	Glu	Arg	Lys 715	Ile	Gln	Arg	Asn	Ile 720	ACC Thr	Val	Arg	Glu	2675
TCA Ser 725	GAA Glu	TGC Cys	ATC Ile	AGG Arg	CAC His 730	TCC Ser	TTC Phe	TAC Tyr	ATG Met	TTG Leu 735	GAC Asp	AAA Lys	CAT His	GAC Asp	TTT Phe 740	2723

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		CTT Leu							2819
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		GTG Val							2915
		AAG Lys							2963
		AAC Asn 825							3011
_		ATT Ile							3059
		TGC Cys							3107
		AAA Lys							3155
		ATT Ile				Asp			3203
		AAT Asn 905							3251
		CTG Leu							3299
		AAT Asn							3347
		GAA Glu							3395

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														TCT Ser 995		3491
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			Lys					Ser					Leu	AAA Lys		3587
		Ile					Ser					Ala		ATC Ile		3635
	Ser					Asp					Asn			CTC Leu		3683
					Phe					Phe				AAC Asn 107	Leu	3731
				Glu					Asn					TTA Leu 0		3779
			Arg					Ala					Lys	GAC Asp		3827
		Gly					Trp					Ser		TTC Phe		3875
	Leu					Leu					Leu				GGA Gly 1140	3923
				CCA Pro 114	Leu					Glu		TGA.	AAGG'	TTT		3969
~~ ·			~~~	~ ~ ~ ~	7 T											2007

(2) INFORMATION FOR SEQ ID NO:2:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 1180 amino acids
 - (B) TYPE: amino acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: protein
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE: N-terminal
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:2:
- Met Val Pro Arg Arg Pro Ala Ser Leu Glu Val Thr Val Ala Cys Ile
 -28 -25 -20 -15
- Trp Leu Leu Thr Val Ile Leu Gly Phe Cys Val Ser Phe Asn Val Asp
 -10 -5 1
- Val Lys Asn Ser Met Ser Phe Ser Gly Pro Val Glu Asp Met Phe Gly 5 10 15 20
- Tyr Thr Val Gln Gln Tyr Glu Asn Glu Glu Gly Lys Trp Val Leu Ile 25 30 35
- Gly Ser Pro Leu Val Gly Gln Pro Lys Ala Arg Thr Gly Asp Val Tyr
 40 45 50
- Lys Cys Pro Val Gly Arg Glu Arg Ala Met Pro Cys Val Lys Leu Asp 55 60 65
- Glu Pro Val Asn Thr Ser Ile Pro Asn Val Thr Glu Ile Lys Glu Asn 70 75 80
- Met Thr Phe Gly Ser Thr Leu Val Thr Asn Pro Asn Gly Gly Phe Leu 85 90 95 100
- Ala Cys Gly Pro Leu Tyr Ala Tyr Arg Cys Gly His Leu His Tyr Thr 105 110 115
- Thr Gly Ile Cys Ser Asp Val Ser Pro Thr Phe Gln Val Val Asn Ser 120 125 130
- Phe Ala Pro Val Gln Glu Cys Ser Thr Gln Leu Asp Ile Val Ile Val 135 140 145
- Leu Asp Gly Ser Asn Ser Ile Tyr Pro Trp Glu Ser Val Ile Ala Phe 150 155 160
- Leu Asn Asp Leu Leu Lys Arg Met Asp Ile Gly Pro Lys Gln Thr Gln 165 170 175 180
- Val Gly Ile Val Gln Tyr Gly Glu Asn Val Thr His Glu Phe Asn Leu 185 190 195

Asn Lys Tyr Ser Ser Thr Glu Glu Val Leu Val Ala Ala Asn Lys Ile 205 Gly Arg Gln Gly Gly Leu Gln Thr Met Thr Ala Leu Gly Ile Asp Thr 220 Ala Arg Lys Glu Ala Phe Thr Glu Ala Arg Gly Ala Arg Arg Gly Val Lys Lys Val Met Val Ile Val Thr Asp Gly Glu Ser His Asp Asn Tyr 250 255 Arg Leu Lys Gln Val Ile Gln Asp Cys Glu Asp Glu Asn Ile Gln Arg Phe Ser Ile Ala Ile Leu Gly His Tyr Asn Arg Gly Asn Leu Ser Thr 285 280 Glu Lys Phe Val Glu Glu Ile Lys Ser Ile Ala Ser Glu Pro Thr Glu 300 Lys His Phe Phe Asn Val Ser Asp Glu Leu Ala Leu Val Thr Ile Val 315 310 Lys Ala Leu Gly Glu Arg Ile Phe Ala Leu Glu Ala Thr Ala Asp Gln 325 Ser Ala Ala Ser Phe Glu Met Glu Met Ser Gln Thr Gly Phe Ser Ala His Tyr Ser Gln Asp Trp Val Met Leu Gly Ala Val Gly Ala Tyr Asp 360 Trp Asn Gly Thr Val Val Met Gln Lys Ala Asn Gln Met Val Ile Pro 380 His Asn Thr Thr Phe Gln Thr Glu Pro Ala Lys Met Asn Glu Pro Leu 395 390 Ala Ser Tyr Leu Gly Tyr Thr Val Asn Ser Ala Thr Ile Pro Gly Asp Val Leu Tyr Ile Ala Gly Gln Pro Arg Tyr Asn His Thr Gly Gln Val 430 Val Ile Tyr Lys Met Glu Asp Gly Asn Ile Asn Ile Leu Gln Thr Leu 445 440 Gly Gly Glu Gln Ile Gly Ser Tyr Phe Gly Ser Val Leu Thr Thr Ile

Asp Ile Asp Lys Asp Ser Tyr Thr Asp Leu Leu Leu Val Gly Ala Pro

Met Tyr Met Gly Thr Glu Lys Glu Glu Gln Gly Lys Val Tyr Val Tyr

490

485

- Ala Val Asn Gln Thr Arg Phe Glu Tyr Gln Met Ser Leu Glu Pro Ile 505

 Arg Gln Thr Cys Cys Ser Ser Leu Lys Asp Asn Ser Cys Thr Lys Glu 520
- Asn Lys Asn Glu Pro Cys Gly Ala Arg Phe Gly Thr Ala Ile Ala Ala 535 540 545
- Val Lys Asp Leu Asn Val Asp Gly Phe Asn Asp Val Val Ile Gly Ala 550 555 560
- Pro Leu Glu Asp Asp His Ala Gly Ala Val Tyr Ile Tyr His Gly Ser 565 570 580
- Gly Lys Thr Ile Arg Glu Ala Tyr Ala Gln Arg Ile Pro Ser Gly Gly 585 590 595
- Asp Gly Lys Thr Leu Lys Phe Phe Gly Gln Ser Ile His Gly Glu Met 600 605 610
- Asp Leu Asn Gly Asp Gly Leu Thr Asp Val Thr Ile Gly Gly Leu Gly 615 620 625
- Gly Ala Ala Leu Phe Trp Ala Arg Asp Val Ala Val Val Lys Val Thr 630 635 640
- Met Asn Phe Glu Pro Asn Lys Val Asn Ile Gln Lys Lys Asn Cys Arg 645 650 655 660
- Val Glu Gly Lys Glu Thr Val Cys Ile Asn Ala Thr Met Cys Phe His 665 670 675
- Val Lys Leu Lys Ser Lys Glu Asp Ser Ile Tyr Glu Ala Asp Leu Gln 680 685 690
- Tyr Arg Val Thr Leu Asp Ser Leu Arg Gln Ile Ser Arg Ser Phe Phe 695 700 705
- Ser Gly Thr Gln Glu Arg Lys Ile Gln Arg Asn Ile Thr Val Arg Glu
 710 715 720
- Ser Glu Cys Ile Arg His Ser Phe Tyr Met Leu Asp Lys His Asp Phe 725 730 735 740
- Gln Asp Ser Val Arg Val Thr Leu Asp Phe Asn Leu Thr Asp Pro Glu 745 750 755
- Asn Gly Pro Val Leu Asp Asp Ala Leu Pro Asn Ser Val His Glu His 760 765 770
- Ile Pro Phe Ala Lys Asp Cys Gly Asn Lys Glu Arg Cys Ile Ser Asp 775 780 785
- Leu Thr Leu Asn Val Ser Thr Thr Glu Lys Ser Leu Leu Ile Val Lys 790 795 800

Ser Gln His Asp Lys Phe Asn Val Ser Leu Thr Val Lys Asn Lys Gly 815 810 805 Asp Ser Ala Tyr Asn Thr Arg Thr Val Val Gln His Ser Pro Asn Leu 830 825 Ile Phe Ser Gly Ile Glu Glu Ile Gln Lys Asp Ser Cys Glu Ser Asn Gln Asn Ile Thr Cys Arg Val Gly Tyr Pro Phe Leu Arg Ala Gly Glu 860 Thr Val Thr Phe Lys Ile Ile Phe Gln Phe Asn Thr Ser His Leu Ser Glu Asn Ala Ile Ile His Leu Ser Ala Thr Ser Asp Ser Glu Glu Pro 895 890 Leu Glu Ser Leu Asn Asp Asn Glu Val Asn Ile Ser Ile Pro Val Lys 910 Tyr Glu Val Gly Leu Gln Phe Tyr Ser Ser Ala Ser Glu His His Ile 925 920 Ser Val Ala Ala Asn Glu Thr Ile Pro Glu Phe Ile Asn Ser Thr Glu 940 Asp Ile Gly Asn Glu Ile Asn Val Phe Tyr Thr Ile Arg Lys Arg Gly 955 His Phe Pro Met Pro Glu Leu Gln Leu Ser Ile Ser Phe Pro Asn Leu 975 970 965 Thr Ala Asp Gly Tyr Pro Val Leu Tyr Pro Ile Gly Trp Ser Ser Ser 990 Asp Asn Val Asn Cys Arg Pro Arg Ser Leu Glu Asp Pro Phe Gly Ile 1005 Asn Ser Gly Lys Lys Met Thr Ile Ser Lys Ser Glu Val Leu Lys Arg 1015 Gly Thr Ile Gln Asp Cys Ser Ser Thr Cys Gly Val Ala Thr Ile Thr 1035 Cys Ser Leu Leu Pro Ser Asp Leu Ser Gln Val Asn Val Ser Leu Leu 1050 1045 Leu Trp Lys Pro Thr Phe Ile Arg Ala His Phe Ser Ser Leu Asn Leu 1070 1065 Thr Leu Arg Gly Glu Leu Lys Ser Glu Asn Ser Ser Leu Thr Leu Ser

1085

Ser Ser Asn Arg Lys Arg Glu Leu Ala Ile Gln Ile Ser Lys Asp Gly 1100

1080

Leu Pro Gly Arg Val Pro Leu Trp Val Ile Leu Leu Ser Ala Phe 1110 1115 1120	Ala
Gly Leu Leu Leu Met Leu Leu Ile Leu Ala Leu Trp Lys Ile 1125 1130 1135	Gly 1140
Phe Phe Lys Arg Pro Leu Lys Lys Met Glu Lys 1145 1150	
(2) INFORMATION FOR SEQ ID NO:3:	
(i) SEQUENCE CHARACTERISTICS:	
(A) LENGTH: 5373 base pairs(B) TYPE: nucleic acid	
(C) STRANDEDNESS: single	
(D) TOPOLOGY: linear	
<pre>(ii) MOLECULE TYPE: cDNA (iii) HYPOTHETICAL: NO (iv) ANTISENSE: NO (v) FRAGMENT TYPE: (vi) ORIGINAL SOURCE: (ix) FEATURE:</pre>	
(A) NAME/KEY: Coding Sequence	
(B) LOCATION: 493591	
(D) OTHER INFORMATION:	
(A) NAME/KEY: mat_peptide(B) LOCATION: 136(D) OTHER INFORMATION:	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:3:	
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THE STATE OF COLUMN COL	. CTC 105

GAAT	rrccr	GC A	AACC	CAGC	.G CA	MCIA	CGGI			ica	once	CAGC		t Gl	y Pro		
GAA Glu	CGG Arg -25	ACA Thr	GGG Gly	GCC Ala	GCG Ala	CCG Pro -20	CTG Leu	CCG Pro	CTG Leu	CTG Leu	CTG Leu -15	GTG Val	TTA Leu	GCG Ala	CTC Leu	1	.05
AGT Ser -10	CAA Gln	GGC Gly	ATT Ile	TTA Leu	AAT Asn -5	TGT Cys	TGT Cys	TTG Leu	GCC Ala	TAC Tyr 1	AAT Asn	GTT Val	GGT Gly	Leu	CCA Pro	1	.53
GAA Glu	GCA Ala	AAA Lys	ATA Ile 10	TTT Phe	TCC Ser	GGT Gly	CCT Pro	TCA Ser 15	AGT Ser	GAA Glu	CAG Gln	TTT Phe	GGG Gly 20	TAT Tyr	GCA Ala	2	201
GTG Val	CAG Gln	CAG Gln	TTT Phe	ATA Ile	AAT Asn	CCA Pro	Lys	Gly	AAC Asn	Trp	TTA Leu	CTG Leu	GTT Val	GGT Gly	TCA Ser	2	249

		AGT Ser														297
CCT Pro 55	GTT Val	GAC Asp	CTA Leu	TCC Ser	ACT Thr 60	GCC Ala	ACA Thr	TGT Cys	GAA Glu	AAA Lys 65	CTA Leu	AAT Asn	TTG Leu	CAA Gln	ACT Thr 70	345
		AGC Ser														393
		ATC Ile														441
		CTG Leu 105														489
		TCT Ser														537
		ACT Thr														585
		TCA Ser			Ile					Ala					TTG Leu	633
GAA Glu	AAA Lys	TTT Phe	GTA Val 170	Gln	GGC Gly	CTT Leu	GAT Asp	ATA Ile 175	GGC Gly	CCC Pro	ACA Thr	Lys	ACA Thr 180	CAG Gln	GTG Val	681
			Gln					Pro					Asn		AAC Asn	729
		Lys					Met					Ser			TCC Ser	777
	туг					ı Thı					/ Ala				GCA Ala 230	825
AG/ Arg	A AAA g Lys	A TAT	GCC Ala	TAT TYP 235	Ser	A GCA	A GCT	TCT a Ser	GGT Gly 240	/ Gly	G CGA	A CGA g Arg	AGT Sei	GCT Ala 245	ACG Thr	873
AA Lys	A GTA	A ATO	GT/ Va:	l Val	r GTA l Val	A ACT	GAC	GGT Gly 259	/ Gli	A TC	A CAT	r GAT s Asp	GG: Gly 260	/ Sei	A ATG Met	921

TTG .	AAA Lys	GCT Ala 265	GTG Val	ATT Ile	GAT Asp	Gln	TGC Cys 270	AAC Asn	CAT His	GAC Asp	AAT Asn	ATA Ile 275	CTG Leu	AGG Arg	TTT Phe	969
GGC Gly	ATA Ile 280	GCA Ala	GTT Val	CTT Leu	GGG Gly	TAC Tyr 285	TTA Leu	AAC Asn	AGA Arg	AAC Asn	GCC Ala 290	CTT Leu	GAT Asp	ACT Thr	AAA Lys	1017
AAT Asn 295	TTA Leu	ATA Ile	AAA Lys	GAA Glu	ATA Ile 300	AAA Lys	GCG Ala	ATC Ile	GCT Ala	AGT Ser 305	ATT Ile	CCA Pro	ACA Thr	GAA Glu	AGA Arg 310	1065
TAC Tyr	TTT Phe	TTC Phe	AAT Asn	GTG Val 315	TCT Ser	GAT Asp	GAA Glu	GCA Ala	GCT Ala 320	CTA Leu	CTA Leu	GAA Glu	AAG Lys	GCT Ala 325	GGG Gly	1113
ACA Thr	TTA Leu	GGA Gly	GAA Glu 330	CAA Gln	ATT Ile	TTC Phe	AGC Ser	ATT Ile 335	GAA Glu	GGT Gly	ACT Thr	GTT Val	CAA Gln 340	GGA Gly	GGA Gly	1161
GAC Asp	AAC Asn	TTT Phe 345	CAG Gln	ATG Met	GAA Glu	ATG Met	TCA Ser 350	CAA Gln	GTG Val	GGA Gly	TTC Phe	AGT Ser 355	GCA Ala	GAT Asp	TAC Tyr	1209
TCT Ser	TCT Ser 360	Gln	AAT Asn	GAT Asp	ATT	CTG Leu 365	ATG Met	CTG Leu	GGT Gly	GCA Ala	GTG Val 370	GGA Gly	GCT Ala	TTT Phe	GGC Gly	1257
TGG Trp 375	AGT Ser	GGG Gly	ACC Thr	ATT	GTC Val 380	CAG Gln	AAG Lys	ACA Thr	TCT Ser	CAT His 385	Gly	CAT	TTG Leu	ATC Ile	TTT Phe 390	1305
CCT Pro	AAA Lys	CAA Gln	GCC Ala	TTT Phe 395	Asp	CAA Gln	ATT	CTG Leu	CAG Gln 400	Asp	AGA Arg	AAT Asn	CAC His	AGT Ser 405	TCA Ser	1353
TAT Tyr	TTA Leu	GGT Gly	TAC Tyr 410	Ser	GTG Val	GCT Ala	GCA Ala	ATT Ile 415	Ser	ACT Thr	GGA Gly	Glu	AGC Ser 420	Thr	CAC His	1401
TTT Phe	GTI Val	GCT Ala 425	a Gly	GCT Ala	CCI Pro	CGG Arg	GCA Ala 430	a Asr	TAT Tyr	ACC Thr	GGC Gly	CAG Glr 435	ı Ile	A GTO	CTA Leu	1449
TAI Tyr	AGT Ser 440	va.	AA:	r GAG	AAT 1 Asi	GGC Gly 445	Ası	T ATO	ACC Thr	GTT Val	r ATT L Ile 450	e Glr	GCT n Ala	r CAC a His	C CGA S Arg	1497
GG7 Gl ₃ 459	/ Ası	C CAG	G AT	r GG(e Gl	y Sei	с Туз	r TT	r GG: e Gl;	r AG: y Sei	r GT(r Val 46!	l Lev	TG:	r TCZ s Se:	A GT r Val	r GAT l Asp 470	1545
GT(Va.	G GA' l As _]	T AA	A GA s As	C AC p Th 47	r Il	r AC	A GA	C GT(p Vai	G CT(l Lev 48	a Le	G GTA	A GG	r GC: y Ala	A CC a Pro 48	A ATG o Met 5	1593

	ATG Met										1641
	AAA Lys										1689
	ATT Ile 520										1737
	AAC Asn										1785
	CAG Gln										1833
	CGC Arg										1881
	AGC Ser										1929
	AAT Asn 600										1977
	GTT Val										2025
	TTC Phe										2073
ATT	CTC Leu			 		 	 	CCT Pro	 •	 	2121
	CAA Gln		Ala								2169
	TCC Ser 680	Arg									2217
	CTG Leu				Val						2265

											GTC Val					2313
											ACT Thr					2361
											ATT Ile					2409
											CTA Leu 770					2457
	_	_		_	_						ATT Ile					2505
											AAT Asn					2553
_											GAA Glu					2601
Ala	Ser	Phe 825	Ser	Leu	Pro	Val	Asp 830	Gly	Thr	Glu	GTA Val	Thr 835	Cys	Gln	Val	2649
											GGC Gly 850					2697
											TTT					2745
											CAA Gln					2793
											AAC Asn					2841
											TCT Ser					2889
				-							TCA Ser 930					2937

		A AAA TTC AT D Lys Phe Il				2985
		C ATG GCA AC r Met Ala Th				3033
		C CCA CTG AT n Pro Leu Me 97	et Tyr Leu I			3081
	Gly Asp Il	C AGT TGT AF e Ser Cys As 990				3129
		T TCT GTA TO r Ser Val Se 1005	er Phe Lys S			3177
	_	C TGC AGA AC n Cys Arg Th 20				3225
		r CAC ATG AA l His Met Ly				3273
		C GGG ACT TI n Gly Thr Ph 10			Gln Thr	3321
	Thr Ala Al	T GCA GAA A1 a Ala Glu II 1070				3369
		C ACT GTT AC n Thr Val Th 1085	nr Ile Pro I			3417
	Lys Ala Gl	A GTA CCA AG u Val Pro Th 00				3465
		G CTG TTA GO u Leu Leu Al				3513
כיזיכ כככ יזידינ		አ አልአ ጥልጥ ር፡፡	AA AAG ATG A	ACC AAA AAT	CCA GAT	3561
		g Lys Tyr G	lu Lys Met 1 135	Thr Lys Asn 114(-	

GGGAACCGGC	AGCATCCCAG	CCAGGGTTTG	CTGTTTGCGT	GCATGGATTT	CTTTTTAAAT	3675
CCCATATTTT	TTTTATCATG	TCGTAGGTAA	ACTAACCTGG	TATTTTAAGA	GAAAACTGCA	3735
GGTCAGTTTG	GATGAAGAAA	TTGTGGGGGG	TGGGGGAGGT	GCGGGGGGCA	GGTAGGGAAA	3795
TAATAGGGAA	AATACCTATT	TTATATGATG	GGGGAAAAA	AGTAATCTTT	AAACTGGCTG	3855
GCCCAGAGTT	TACATTCTAA	TTTGCATTGT	GTCAGAAACA	TGAAATGCTT	CCAAGCATGA	3915
CAACTTTTAA	AGAAAAATAT	GATACTCTCA	GATTTTAAGG	GGGAAAACTG	TTCTCTTTAA	3975
AATATTTGTC	TTTAAACAGC	AACTACAGAA	GTGGAAGTGC	TTGATATGTA	AGTACTTCCA	4035
CTTGTGTATA	TTTTAATGAA	TATTGATGTT	AACAAGAGGG	GAAAACAAAA	CACAGGTTTT	4095
TTCAATTTAT	GCTGCTCATC	CAAAGTTGCC	ACAGATGATA	CTTCCAAGTG	ATAATTTTAT	4155
TTATAAACTA	GGTAAAATTT	GTTGTTGGTT	CCTTTTATAC	CACGGCTGCC	CCTTCCACAC	4215
CCCATCTTGC	TCTAATGATC	AAAACATGCT	TGAATAACTG	AGCTTAGAGT	ATACCTCCTA	4275
TATGTCCATT	TAAGTTAGGA	GAGGGGGCGA	TATAGAGACT	AAGGCACAAA	ATTTTGTTTA	4335
AAACTCAGAA	TATAACATTT	ATGTAAAATC	CCATCTGCTA	GAAGCCCATC	CTGTGCCAGA	4395
GGAAGGAAAA	GGAGGAAATT	TCCTTTCTCT	TTTAGGAGGC	ACAACAGTTC	TCTTCTAGGA	4455
TTTGTTTGGC	TGACTGGCAG	TAACCTAGTG	AATTTTTGAA	AGATGAGTAA	TTTCTTTGGC	4515
AACCTTCCTC	CTCCCTTACT	GAACCACTCT	CCCACCTCCT	GGTGGTACCA	TTATTATAGA	4575
AGCCCTCTAC	AGCCTGACTT	TCTCTCCAGC	GGTCCAAAGT	TATCCCCTCC	TTTACCCCTC	4635
ATCCAAAGTT	CCCACTCCTT	CAGGACAGCT	GCTGTGCATT	AGATATTAGG	GGGGAAAGTC	4695
ATCTGTTTAA	TTTACACACT	TGCATGAATT	ACTGTATATA	AACTCCTTAA	CTTCAGGGAG	4755
CTATTTTCAT	TTAGTGCTAA	ACAAGTAAGA	AAAATAAGCT	AGAGTGAATT	TCTAAATGTT	4815
GGAATGTTAT	GGGATGTAAA	CAATGTAAAG	TAAAACACTC	TCAGGATTTC	ACCAGAAGTT	4875
ACAGATGAGG	CACTGGAAAC	CACCACCAAA	TTAGCAGGTG	CACCTTCTGT	GGCTGTCTTG	4935
TTTCTGAAGT	ACTTTTTCTT	CCACAAGAGT	GAATTTGACC	TAGGCAAGTT	TGTTCAAAAG	4995
GTAGATCCTG	AGATGATTTG	GTCAGATTGG	GATAAGGCCC	AGCAATCTGC	ATTTTAACAA	5055
GCACCCCAGT	CACTAGGATG	CAGATGGACC	ACACTTTGAG	AAACACCACC	CATTTCTACT	5115
TTTTGCACCT	TATTTTCTCT	GTTCCTGAGC	CCCCACATTC	TCTAGGAGAA	ACTTAGATTA	5175
AAATTCACAG	ACACTACATA	TCTAAAGCTT	TGACAAGTCC	TTGACCTCTA	TAAACTTCAG	5235
AGTCCTCATT	ATAAAATGGG	AAGACTGAGC	TGGAGTTCAG	CAGTGATGCT	TTTTAGTTTT	5295
	GATCTGATCT	GGACTTCCTA	TAATACAAAT	ACACAATCCT	CCAAGAATTT	5355
GACTTGGAAA	AGGAATTC					5373

(2) INFORMATION FOR SEQ ID NO:4:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 1181 amino acids
 - (B) TYPE: amino acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: protein
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE: internal
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:4:

Met Gly Pro Glu Arg Thr Gly Ala Ala Pro Leu Pro Leu Leu Leu Val

Leu Ala Leu Ser Gln Gly Ile Leu Asn Cys Cys Leu Ala Tyr Asn Val

Gly Leu Pro Glu Ala Lys Ile Phe Ser Gly Pro Ser Ser Glu Gln Phe
5 10 15

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Gly	Tyr	Ala	Val	Gln	Gln	Phe	Ile	Asn	Pro	Lys	Gly	Asn	Trp	Leu	Let
20					25					3.0			-		3 5

- Val Gly Ser Pro Trp Ser Gly Phe Pro Glu Asn Arg Met Gly Asp Val 40 45 50
- Tyr Lys Cys Pro Val Asp Leu Ser Thr Ala Thr Cys Glu Lys Leu Asn 55 60 65
- Leu Gln Thr Ser Thr Ser Ile Pro Asn Val Thr Glu Met Lys Thr Asn 70 75 80
- Met Ser Leu Gly Leu Ile Leu Thr Arg Asn Met Gly Thr Gly Gly Phe 85 90 95
- Leu Thr Cys Gly Pro Leu Trp Ala Gln Gln Cys Gly Asn Gln Tyr Tyr 100 105 110 115
- Thr Thr Gly Val Cys Ser Asp Ile Ser Pro Asp Phe Gln Leu Ser Ala 120 125 130
- Ser Phe Ser Pro Ala Thr Gln Pro Cys Pro Ser Leu Ile Asp Val Val 135 140 145
- Val Val Cys Asp Glu Ser Asn Ser Ile Tyr Pro Trp Asp Ala Val Lys
 150 155 160
- Asn Phe Leu Glu Lys Phe Val Gln Gly Leu Asp Ile Gly Pro Thr Lys 165 170 175
- Thr Gln Val Gly Leu Ile Gln Tyr Ala Asn Asn Pro Arg Val Val Phe 180 185 190 195
- Asn Leu Asn Thr Tyr Lys Thr Lys Glu Glu Met Ile Val Ala Thr Ser 200 205 210
- Gln Thr Ser Gln Tyr Gly Gly Asp Leu Thr Asn Thr Phe Gly Ala Ile 215 220 225
- Gln Tyr Ala Arg Lys Tyr Ala Tyr Ser Ala Ala Ser Gly Gly Arg Arg 230 235 240
- Ser Ala Thr Lys Val Met Val Val Val Thr Asp Gly Glu Ser His Asp 245 250 255
- Gly Ser Met Leu Lys Ala Val Ile Asp Gln Cys Asn His Asp Asn Ile 260 265 270 275
- Leu Arg Phe Gly Ile Ala Val Leu Gly Tyr Leu Asn Arg Asn Ala Leu 280 285 290
- Asp Thr Lys Asn Leu Ile Lys Glu Ile Lys Ala Ile Ala Ser Ile Pro 295 300 305
- Thr Glu Arg Tyr Phe Phe Asn Val Ser Asp Glu Ala Ala Leu Leu Glu 310 315 320

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Lys	Ala 325	Gly	Thr	Leu	Gly	Glu 330	Gln	Ile	Phe	Ser	Ile 335	Glu	Gly	Thr	Val
Gln 340	Gly	Gly	Asp	Asn	Phe 345	Gln	Met	Glu	Met	Ser 350	Gln	Val	Gly	Phe	Ser 355
Ala	Asp	Tyr	Ser	Ser 360	Gln	Asn	Asp	Ile	Leu 365	Met	Leu	Gly	Ala	Val 370	Gly
Ala	Phe	Gly	Trp 375	Ser	Gly	Thr	Ile	Val 380	Gln	Lys	Thr	Ser	His 385	Gly	His
Leu	Ile	Phe 390	Pro	Lys	Gln	Ala	Phe 395	Asp	Gln	Ile	Leu	Gln 400	Asp	Arg	Asn
His	Ser 405	Ser	Tyr	Leu	Gly	Tyr 410	Ser	Val	Ala	Ala	Ile 415	Ser	Thr	Gly	Glu
Ser 420	Thr	His	Phe	Val	Ala 425	Gly	Ala	Pro	Arg	Ala 430	Asn	Tyr	Thr	Gly	Gln 435
Ile	Val	Leu	Tyr	Ser 440	Val	Asn	Glu	Asn	Gly 445	Asn	Ile	Thr	Val	Ile 450	Gln
Ala	His	Arg	Gly 455	Asp	Gln	Ile	Gly	Ser 460	Tyr	Phe	Gly	Ser	Val 465	Leu	Cys
Ser	Val	Asp 470	Val	Asp	Lys	Asp	Thr 475	Ile	Thr	Asp	Val	Leu 480	Leu	Val	Gly
Ala	Pro 485	Met	Tyr	Met	Ser	Asp 490	Leu	Lys	Lys	Glu	Glu 495	Gly	Arg	Val	Tyr
Leu 500	Phe	Thr	Ile	Lys	Lys 505	Gly	Ile	Leu	Gly	Gln 510	His	Gln	Phe	Leu	Glu 515
Gly	Pro	Glu	Gly	Ile 520	Glu	Asn	Thr	Arg	Phe 525	Gly	Ser	Ala	Ile	Ala 530	Ala
Leu	Ser	Asp	Ile 535	Asn	Met	Asp	Gly	Phe 540	Asn	Asp	Val	Ile	Val 545	Gly	Ser
Pro	Leu	Glu 550	Asn	Gln	Asn	Ser	Gly 555	Ala	Val	Tyr	Ile	Tyr 560	Asn	Gly	His
Gln	Gly 565	Thr	Ile	Arg	Thr	Lys 570	Tyr	Ser	Gln	Lys	Ile 575	Leu	Gly	Ser	Asp
Gly 580	Ala	Phe	Arg	Ser	His 585	Leu	Gln	Tyr	Phe	Gly 590	Arg	Ser	Leu	Asp	Gly 595
Tyr	Gly	Asp	Leu	Asn 600	Gly	Asp	Ser	Ile	Thr 605	Asp	Val	Ser	Ile	Gly 610	Ala
Phe	Gly	Gln	Val 615	Val	Gln	Leu	Trp	Ser 620	Gln	Ser	Ile	Ala	Asp 625	Val	Ala

Ile Glu Ala Ser Phe Thr Pro Glu Lys Ile Thr Leu Val Asn Lys Asn 635 Ala Gln Ile Ile Leu Lys Leu Cys Phe Ser Ala Lys Phe Arg Pro Thr 650 Lys Gln Asn Asn Gln Val Ala Ile Val Tyr Asn Ile Thr Leu Asp Ala 670 Asp Gly Phe Ser Ser Arg Val Thr Ser Arg Gly Leu Phe Lys Glu Asn 680 685 Asn Glu Arg Cys Leu Gln Lys Asn Met Val Val Asn Gln Ala Gln Ser 700 Cys Pro Glu His Ile Ile Tyr Ile Gln Glu Pro Ser Asp Val Val Asn 715 Ser Leu Asp Leu Arg Val Asp Ile Ser Leu Glu Asn Pro Gly Thr Ser 725 730 Pro Ala Leu Glu Ala Tyr Ser Glu Thr Ala Lys Val Phe Ser Ile Pro 750 745 Phe His Lys Asp Cys Gly Glu Asp Gly Leu Cys Ile Ser Asp Leu Val 760 765 Leu Asp Val Arg Gln Ile Pro Ala Ala Gln Glu Gln Pro Phe Ile Val 775 Ser Asn Gln Asn Lys Arg Leu Thr Phe Ser Val Thr Leu Lys Asn Lys 795 Arg Glu Ser Ala Tyr Asn Thr Gly Ile Val Val Asp Phe Ser Glu Asn 805 Leu Phe Phe Ala Ser Phe Ser Leu Pro Val Asp Gly Thr Glu Val Thr 825 Cys Gln Val Ala Ala Ser Gln Lys Ser Val Ala Cys Asp Val Gly Tyr Pro Ala Leu Lys Arg Glu Gln Gln Val Thr Phe Thr Ile Asn Phe Asp Phe Asn Leu Gln Asn Leu Gln Asn Gln Ala Ser Leu Ser Phe Gln Ala 875 Leu Ser Glu Ser Gln Glu Glu Asn Lys Ala Asp Asn Leu Val Asn Leu 890 885 Lys Ile Pro Leu Leu Tyr Asp Ala Glu Ile His Leu Thr Arg Ser Thr

Asn Ile Asn Phe Tyr Glu Ile Ser Ser Asp Gly Asn Val Pro Ser Ile

- Val His Ser Phe Glu Asp Val Gly Pro Lys Phe Ile Phe Ser Leu Lys 935 940 945
- Val Thr Thr Gly Ser Val Pro Val Ser Met Ala Thr Val Ile Ile His 950 955 960
- Ile Pro Gln Tyr Thr Lys Glu Lys Asn Pro Leu Met Tyr Leu Thr Gly 965 970 975
- Val Gln Thr Asp Lys Ala Gly Asp Ile Ser Cys Asn Ala Asp Ile Asn 980 985 990 995
- Pro Leu Lys Ile Gly Gln Thr Ser Ser Ser Val Ser Phe Lys Ser Glu
 1000 1005 1010
- Asn Phe Arg His Thr Lys Glu Leu Asn Cys Arg Thr Ala Ser Cys Ser 1015 1020 1025
- Asn Val Thr Cys Trp Leu Lys Asp Val His Met Lys Gly Glu Tyr Phe 1030 1035 1040
- Val Asn Val Thr Thr Arg Ile Trp Asn Gly Thr Phe Ala Ser Ser Thr 1045 1050 1055
- Phe Gln Thr Val Gln Leu Thr Ala Ala Glu Ile Asn Thr Tyr Asn 1060 1065 1070 1075
- Pro Glu Ile Tyr Val Ile Glu Asp Asn Thr Val Thr Ile Pro Leu Met 1080 1085 1090
- Ile Met Lys Pro Asp Glu Lys Ala Glu Val Pro Thr Gly Val Ile Ile 1095 1100 1105
- Gly Ser Ile Ile Ala Gly Ile Leu Leu Leu Leu Ala Leu Val Ala Ile 1110 1115 1120
- Leu Trp Lys Leu Gly Phe Phe Lys Arg Lys Tyr Glu Lys Met Thr Lys 1125 1130 1135
- Asn Pro Asp Glu Ile Asp Glu Thr Thr Glu Leu Ser Ser 1140 1150

(2)	INFORMATION	FOR	SEQ	ID	NO:5
-----	-------------	-----	-----	----	------

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 20 base pairs
 - (B) TYPE: nucleic acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: cDNA
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE:
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:5:

CCAGAGTCAC TCTCACAGAG

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(2) INFORMATION FOR SEQ ID NO:6:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 19 base pairs
 - (B) TYPE: nucleic acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: cDNA
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE:
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:6:

CACAGCGTAC ACGTACACC

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(2) INFORMATION FOR SEQ ID NO:7:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 19 base pairs
 - (B) TYPE: nucleic acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
 - (ii) MOLECULE TYPE: cDNA
 - (iii) HYPOTHETICAL: NO
 - (iv) ANTISENSE: NO
 - (v) FRAGMENT TYPE:
 - (vi) ORIGINAL SOURCE:
 - (xi) SEQUENCE DESCRIPTION: SEQ ID NO:7:

CACTTATAGA CATCTCCAG

62
(2) INFORMATION FOR SEQ ID NO:8:
 (i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 18 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear
(ii) MOLECULE TYPE: cDNA (iii) HYPOTHETICAL: NO (iv) ANTISENSE: NO (v) FRAGMENT TYPE: (vi) ORIGINAL SOURCE:
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:8:
CATCCATGTT GATGTCTG
(2) INFORMATION FOR SEQ ID NO:9:
 (i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 18 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear
<pre>(ii) MOLECULE TYPE: cDNA (iii) HYPOTHETICAL: NO (iv) ANTISENSE: NO (v) FRAGMENT TYPE:</pre>
(vi) ORIGINAL SOURCE:
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:9:
CATGTGATTC ACCGTCAG
(2) INFORMATION FOR SEQ ID NO:10:
 (i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 24 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear

- (ii) MOLECULE TYPE: cDNA
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE:
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:10:

GCATATTGAA TTGCTCCGAA TGTG

63	
(2) INFORMATION FOR SEQ ID NO:11:	
(i) SEQUENCE CHARACTERISTICS:(A) LENGTH: 17 base pairs(B) TYPE: nucleic acid(C) STRANDEDNESS: single(D) TOPOLOGY: linear	
<pre>(ii) MOLECULE TYPE: cDNA (iii) HYPOTHETICAL: NO (iv) ANTISENSE: NO (v) FRAGMENT TYPE: (vi) ORIGINAL SOURCE:</pre>	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:11:	
GGCGTATGCA CAACGCA	. 7
(2) INFORMATION FOR SEQ ID NO:12: (i) SEQUENCE CHARACTERISTICS:	
(A) LENGTH: 21 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear	
<pre>(ii) MOLECULE TYPE: cDNA (iii) HYPOTHETICAL: NO (iv) ANTISENSE: NO (v) FRAGMENT TYPE: (vi) ORIGINAL SOURCE:</pre>	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:12:	
GCGACAGCTG ACCAGTCAGC A	1
(2) INFORMATION FOR SEQ ID NO:13:	
(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 18 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single	

- (C) STRANDEDNESS: single
- (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: cDNA
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE:
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:13:

CACTCCTCCA CAGCTCCT

(2)	INFORMATION	FOR	SEQ	$_{ m ID}$	NO:14	
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- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 15 base pairs
 - (B) TYPE: nucleic acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: cDNA
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE:
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:14:

ACATGTACTC ACTGG

15

(2) INFORMATION FOR SEQ ID NO:15:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 18 base pairs
 - (B) TYPE: nucleic acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: cDNA
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE:
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:15:

CTCACATGTG GTCCTCTG

18

(2) INFORMATION FOR SEQ ID NO:16:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 22 base pairs
 - (B) TYPE: nucleic acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: cDNA
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE:
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:16:

GTCCTGTTGA CCTATCCACT GC

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WE CLAIM:

- 1. A method to identify a mammal having or at risk for developing glomerulopathy comprising the steps of:
- 5 analyzing a tissue sample from a mammal known to contain cells expressing integrin RNA or protein for integrin subunit expression; and

comparing integrin subunit expression in the sample with a control tissue sample, wherein altered integrin subunit expression is correlated with glomerulopathy.

- 10 2. The method of Claim 1, wherein the mammal is a human.
 - 3. The method of Claim 1, wherein the tissue sample is a kidney biopsy.
 - 4. The method of Claim 1, wherein the tissue sample is blood.
 - 5. The method of Claim 4, wherein the blood sample contains polymorphonuclear cells or monocytes.
 - 6. The method of Claim 1, wherein the tissue sample is a skin biopsy.
 - 7. The method of Claim 1, wherein said analysis comprises *in situ* hybridization.
 - 8. The method of Claim 7, wherein said *in situ* hybridization comprises PCR enhanced *in situ* hybridization.
 - 9. The method of Claim 1, wherein said analyzing comprises isolating RNA from the sample.
- The method of Claim 1, wherein said analyzing comprises performing PCR,
 detecting amplified fragments from an integrin subunit and comparing the amount of amplified fragments to the amount of amplified fragments obtained from the control.

- 11. The method of claim 1, wherein the integrin subunit is an alpha integrin subunit.
- 12. The method of Claim 11, wherein the α integrin subunit is α 1, α 2, α 3, or α 5 integrin subunit.

13. The method of claim 12, wherein the α integrin subunit is $\alpha 1$ or $\alpha 2$ integrin subunit.

14. The method of claim 1, wherein a decrease in α1 integrin subunit in the tissue
 sample as compared with control tissue is correlated with nephropathy.

- 15. The method of claim 1, wherein an increase in $\alpha 2 \alpha 3$, $\alpha 5$, or $\beta 1$ integrin subunit in the tissue sample as compared with control tissue is correlated with nephropathy.
- 16. The method of claim 1, wherein an increase in α2 and a decrease in α1 integrin subunit in the tissue sample as compared with control tissue is correlated with nephropathy.
 - 17. The method of Claim 7, wherein a nucleic acid probe is used to detect integrin, and the probe comprises a 3.9kb fragment of α1 from the 5' end to nucleotide 3900.
 - 18. The method of Claim 7, wherein a nucleic acid probe is used to detect integrin, and the probe comprises a 1.8kb fragment of α 2 from 5' end through the EcoRI site at nucleotide 1800.

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- 19. The method of Claim 1, wherein said analyzing comprises incubating the sample with an anti-integrin subunit antibody.
- 20. The method of Claim 1, wherein the nondiabetic control sample is from a mammal with no history of hypertension.

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- 21. The method of Claim 1, wherein an increase of about 25% 100% in the level of α 2 integrin subunit expression in the sample tissue as compared with the control is correlated with nephropathy.
- 5 22. The method of Claim 1, wherein a decrease of about 25% 100% in the level of α1 integrin subunit expression in the sample tissue as compared with the control is correlated with nephropathy.
 - 23. A method to identify a mammal having or at risk for developing glomerulopathy comprising the steps of:

analyzing a tissue sample from a mammal known to contain cells expressing integrin protein for $\alpha 1$ and $\alpha 2$ integrin subunit expression as compared with a control tissue sample; and

correlating a decreased level of $\alpha 1$ integrin subunit expression and/or an increased level of $\alpha 2$ integrin subunit expression in the sample tissue as compared to the control with nephropathy.

24. A method to identify a mammal with diabetes who has or is at risk for developing secondary pathological changes associated with diabetes comprising the steps of:

analyzing a tissue sample from a mammal known to contain cells expressing integrin protein for integrin subunit expression; and

correlating alterations in the level of expression of least one integrin subunit as compared with a control tissue sample with the presence of or the risk for developing secondary pathological changes associated with diabetes.

- 25. The method of claim 25, wherein said integrin subunit is $\alpha 1$, $\alpha 2$, $\alpha 3$, $\alpha 5$, or $\beta 1$.
- 26. The method of claim 25, wherein said integrin subunit is $\alpha 1$ or $\alpha 2$.

- 27. The method of claim 1, wherein said comparing of a sample with a control comprises comparing a first sample obtained from an individual with a second sample obtained from the same individual at a later sampling time.
- 5 28. A kit for the diagnosis of nephropathy comprising: two sets of hybridization probes or antibodies capable of detecting each of $\alpha 1$ and $\alpha 2$ integrin subunit expression in a tissue sample.
 - 29. The kit of claim 28 further comprising primer sets for the amplification of $\alpha 1$ and $\alpha 2$ integrin subunits.
 - 30. The kit of claim 28 further comprising control, standard $\alpha 1$ and $\alpha 2$ integrin subunits.





(51) International Patent Classification 6:		(11) International Publication Number: WO 97/0413						
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(21) International Application Number: PCT/US (22) International Filing Date: 19 July 1996 ((30) Priority Data: 60/001,387 21 July 1995 (21.07.95) 60/001,861 3 August 1995 (03.08.95) 60/016,700 2 May 1996 (02.05.96) (71) Applicant (for all designated States except US): REGE THE UNIVERSITY OF MINNESOTA [US/US] Hall, 100 Church Street, S.E., Minneapolis, MN 554 (72) Inventors; and (75) Inventors/Applicants (for US only): TSILIBARY,	19.07.9 L L ENTS C ; Morr 455 (US	AZ, BB, BG, BR, BY, CA, CH, CN, CU, CZ, CZ (Utility model), DE, DE (Utility model), DK, DK (Utility model), EE, EE (Utility model), ES, FI, FI (Utility model), GB, GE HU, IL, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LS, LT LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT RO, RU, SD, SE, SG, SI, SK, SK (Utility model), TJ, TM TR, TT, UA, UG, US, UZ, VN, ARIPO patent (KE, LS MW, SD, SZ, UG), Eurasian patent (AM, AZ, BY, KG KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, DE DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE) OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR NE, SN, TD, TG). Published With international search report.						
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(57) Abstract

Analysis of alterations in integrin subunit expression, particularly $\alpha 1$ and/or $\alpha 2$ integrin subunit expression from integrin producing cells as compared to normal controls as a diagnostic method to identify individuals who have or are predisposed to pathologies associated with altered matrix deposition, such as diabetic renal nephropathy.

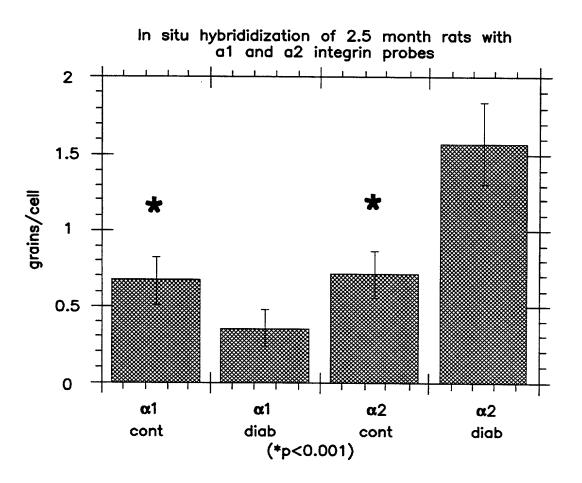


FIG. 1

S/N 09/000,004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

TSILIBARY, ET AL.

Examiner:

UNKNOWN

Serial No.:

09/000,004

Group Art Unit:

UNKNOWN

Filed:

JANUARY 21, 1998

Docket No.:

600.314USWO

Title:

ANALYSIS OF ALPHA INTEGRINS FOR THE DIAGNOSIS OF

DIABETIC NEPHROPATHY

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to. BOX PCT, Commissioner for Patents, Washington, D C 20231 on May 23, 2001.

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Respectfully submitted,

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Date: 8/1/ay 23, 2001

Denise M. Kettelberger, Ph.D.

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MERCHANT, GOULD, SMITH, EDELL, WELTER & SCHMIDT

United States Patent Application

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ANALYSIS OF ALPHA INTEGRINS FOR THE DIAGNOSIS OF DIABETIC NEPHROPATHY

		(day, month, year)	(day, month, year)
COUNTRY	APPLICATION NUMBER	DATE OF FILING	DATE OF ISSUE
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a. no such applications have be b. such applications have been			
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of Federal Regulations, § 1.56 (att		to the patentability of this application	on in accordance with Title 37, Code
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any amendment referred to above.			
I hereby state that I have reviewed	and understand the contents of	f the above-identified specification.	including the claims, as amended by
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application) described and claimed	l in international no. PCT/US96	6/12067 filed 19 July 1996 and as an	
a. ☐ is attached heretob. ☐ was filed on January 21, 199	98 as application serial no.	and was amended on (if applicab	ole) (in the case of a PCT-filed
The specification of which			

I hereby claim the benefit under Title 35, United States Code, § 120/365 of any United States and PCT international application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

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U.S. PROVISIONAL APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)
60/001,387	July 21, 1995
60/001,861	August 3, 1995
60/016,700	May 2, 1996

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Sign	ature of Inventor 2	204: Michael Males		Date:	.6.98		

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- A patent by its very nature is affected with a public interest. The public interest is best served, and the most effective (a) patent examination occurs when, at the time an application is being examined, the Office is aware of and evaluates the teachings of all information material to patentability. Each individual associated with the filing and prosecution of a patent application has a duty of candor and good faith in dealing with the Office, which includes a duty to disclose to the Office all information known to that individual to be material to patentability as defined in this section. The duty to disclose information exists with respect to each pending claim until the claim is canceled or withdrawn from consideration, or the application becomes abandoned. Information material to the patentability of a claim that is canceled or withdrawn from consideration need not be submitted if the information is not material to the patentability of any claim remaining under consideration in the application. There is no duty to submit information which is not material to the patentability of any existing claim. The duty to disclose all information known to be material to patentability is deemed to be satisfied if all information known to be material to patentability of any claim issued in a patent was cited by the Office or submitted to the Office in the manner prescribed by §§ 1.97(b)-(d) and 1.98. However, no patent will be granted on an application in connection with which fraud on the Office was practiced or attempted or the duty of disclosure was violated through bad faith or intentional misconduct. The Office encourages applicants to carefully examine:
 - prior art cited in search reports of a foreign patent office in a counterpart application, and (1)
- the closest information over which individuals associated with the filing or prosecution of a patent application (2)believe any pending claim patentably defines, to make sure that any material information contained therein is disclosed to the Office.
- 1,22 Under this section, information is material to patentability when it is not cumulative to information already of record or being made of record in the application, and

 (1) It establishes, by it
 - It establishes, by itself or in combination with other information, a prima facie case of unpatentability of a claim;
 - It refutes, or is inconsistent with, a position the applicant takes in: (2)
 - (i) Opposing an argument of unpatentability relied on by the Office, or
 - Asserting an argument of patentability. (ii)

A prima facie case of unpatentability is established when the information compels a conclusion that a claim is unpatentable under the preponderance of evidence, burden-of-proof standard, giving each term in the claim its broadest reasonable construction consistent with the specification, and before any consideration is given to evidence which may be submitted in an attempt to establish a contrary conclusion of patentability.

- Individuals associated with the filing or prosecution of a patent application within the meaning of this section are: (c)
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 - Each attorney or agent who prepares or prosecutes the application; and (2)
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Rec'd PCT/PTO 19 JUN 2001 09/000004 #13

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Ala Arg Lys Glu Ala Phe Thr Glu Ala Arg Gly Ala Arg Arg Gly Val 260 265 270

Lys Lys Val Met Val Ile Val Thr Asp Gly Glu Ser His Asp Asn Tyr 275 280 285

Arg Leu Lys Gln Val Ile Gln Asp Cys Glu Asp Glu Asn Ile Gln Arg 290 295 300

Phe Ser Ile Ala Ile Leu Gly His Tyr Asn Arg Gly Asn Leu Ser Thr 305 310 315 320

Glu Lys Phe Val Glu Glu Ile Lys Ser Ile Ala Ser Glu Pro Thr Glu 325 330 335

Lys His Phe Phe Asn Val Ser Asp Glu Leu Ala Leu Val Thr Ile Val 340 345 350

Lys Ala Leu Gly Glu Arg Ile Phe Ala Leu Glu Ala Thr Ala Asp Gln 355 360 365

Ser Ala Ala Ser Phe Glu Met Glu Met Ser Gln Thr Gly Phe Ser Ala 370 380

His Tyr Ser Gln Asp Trp Val Met Leu Gly Ala Val Gly Ala Tyr Asp 385 390 395 400

Trp Asn Gly Thr Val Val Met Gln Lys Ala Asn Gln Met Val Ile Pro $405 \hspace{1.5cm} 410 \hspace{1.5cm} 415$

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Gln Asn Ile Thr Cys Arg Val Gly Tyr Pro Phe Leu Arg Ala Gly Glu 885 890 895

Thr Val Thr Phe Lys Ile Ile Phe Gln Phe Asn Thr Ser His Leu Ser 900 905 910

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